

Safe Sex?

Starlight dances off the sparkling water as the waves gently lap the shore. A cool breeze brushes across your face as you stroll hand in hand along the moonlit beach.

The party was getting crowded and the two of you decided to take a walk on the deserted waterfront. You've only known each other a short while but things seem so right. You laugh together and sense a longing to know this person in a deeper way.

You pause and tenderly gaze into each other's eyes, blood rushing throughout your body as your heart beats faster. Soon you are in each other's arms kissing softly at first, then fervently. You tug at each other's clothes and both kneel to the sand. The condom comes on. You join in passionate lovemaking, then relax, hearing only the gentle waves and each other's breathing, grateful that you are comfortable in mutual care and that all is safe.

Or is it?

Was the condom you used enough to keep you safe? Aside from the emotional and psychological implications of your romantic encounter, realize that the condom is not a 100% guarantee of safety against AIDS for the same reason the condom is not a 100% guarantee of safety against pregnancy. There's always the possibility of human or mechanical error. Condoms can slip and break. They also can leak. Even the experts aren't certain condoms can guarantee against sexual transmission of the HIV virus.

Theresa Crenshaw, M.D., has been a member of the President's Commission on HIV. She is past president of the American Association of Sex Educators, Counselors, and Therapists^{1} and once asked this question to 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 that, "It is irresponsible to give students, clients, patients advice that you would not live by yourself because they may die by it."[{2}](#) What does this tell you about the confidence experts have in condoms to protect persons against AIDS?

Not too long ago herpes caught the public's attention. Now, of course, the focus is on AIDS. As with herpes, it is very difficult to be absolutely certain that your partner in premarital sex does not have AIDS and there is no known cure. But, of course, there's a big difference between herpes and AIDS: herpes will make you sick; AIDS will kill you.

Assessing the Risk

After I had made these remarks at a university in California, one young man asked me to explain what I meant when I said that condoms aren't safe. Consider this:

Condoms have an 85% (annual) success rate in protecting against pregnancy. That's 15% a failure rate.[{3}](#) But remember, a women can get pregnant only about six days per month.[{4}](#) 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 five microns in diameter have been detected in cross sections of latex gloves.[{5}](#) (A micron is one thousandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus. (A human sperm is about 60 microns long and three to five microns in diameter

at the head.{6} But the HIV virus is only 0.1 micron in diameter.{7} A five- micron hole is 50 times larger than the HIV virus. A one-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 or shooting a soccer ball into an open goal. The hole is huge!

In other words, many of the tiny pores in the latex condom are large enough to pass the HIV virus (that causes AIDS) in its fluid medium.

One study focused on married couples in which one partner was HIV positive. When couples used condoms for protection, after one and one-half years, 17% of the healthy partners had become infected.{8} That' s about one in six, the same odds as Russian roulette.

One U.S. Food and Drug Administration (FDA) study tested condoms in the laboratory for leakage of HIV-sized particles. Almost 33% leaked.{9} One in three.

One analysis of 11 studies on condom effectiveness found that condoms had a 31% estimated failure rate in protecting against HIV transmission. In other words, as the report stated, "These results indicate that exposed condom users will be about a third as likely to become infected as exposed individuals practicing "unprotected" sex.... The public at large may not understand the difference between "condoms may reduce risk of" and "condoms will prevent" HIV transmission. It is a disservice to encourage the belief that condoms will prevent sexual transmission of HIV. Condoms will not eliminate risk of sexual transmission and, in fact, may only lower risk somewhat."{10} Burlington County, New Jersey, banned condom distribution at its own county AIDS counseling center. Officials feared the legal liabilities if people contracted AIDS or died after using the condoms the county distributed. They were afraid the county would be held legally responsible for the deaths. {11}

Over Easy Please

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.”[{12}](#) 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 185F (85C) inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.[{13}](#) Are you thinking of entrusting you life to this little piece of rubber?

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?[{14}](#) 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.

Remember that a national study found that condoms have a 15% failure rate with pregnancy. Perhaps you have flown in airplanes. Suppose only 15 crashes occurred for every 100 plane flights. Would you say airline travel was safe? Safer?[{15}](#) Would you still fly?

AIDS expert Dr. Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, DC: 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 first, instead? [{16}](#) According to Dr. Redfield, when you’re considering AIDS, “Condoms aren’t safe; they’re dangerous.”[{17}](#)

The Test

You might say, “We’ve both been tested for AIDS. Neither of us

has it.”

The time span between HIV infection and detection of HIV antibodies has been found to be anywhere from three to six months, sometimes longer. {18} In rare cases it can even take years for signs of the virus to appear. {19} Dr. Redfield says that after he was exposed to HIV in his work, he waited 14 months before having sex with his wife. {20} Suppose you meet someone who says, “I had an HIV test a year ago; it was negative. I haven’t had sex for a year. I just had another test; it was negative. I’m safe.” You see the test results in writing. Is it safe to sleep with that person?

We all know how hormones can influence honesty. It comes down to this: Are they telling the truth about not being sexually active in the interim? Is there even a chance that person might twist the truth even slightly in order to get into bed with you? Even with the tests, it all boils down to trust. That’s why I say, “It’s very difficult to be absolutely certain that your partner in premarital sex does not have AIDS.”

“Condom sense” is very, very risky. Common sense says, “If you want to be safe, wait.”

The Total You

There are many other benefits to waiting (or to stopping until marriage, if you’re a sexually active single). By “waiting,” I mean reserving sex for marriage.

Sex involves your total personalitybody, mind, and spirit. Besides being physically risky, premarital sex can hurt you emotionally and relationally. While you are single, sex can breed insecurity (“Am I the only one they’ve slept with? Have there been, or will there be, others?”). It can generate performance fears that can dampen sexual response. (If you fear even slightly that your acceptance by your partner hinges

on your sexual performance, that fear can hamper your performance.) It can cloud the issue, confusing you into mistaking sexually charged sensations for genuine love.

After you marry, you might wonder, "If they slept with me before we married, how do I know that they won't sleep with someone else now that we are married?" (Marital faithfulness in the age of AIDS is, of course, important both emotionally and physically.) When disagreements crop up with your mate, will you be tempted to ask yourself, "Did we just marry on a wave of passion?" Don't forget flashbacks, those mental images of previous sexual encounters that have a nasty way of creeping back into your mind during arousal. Who wants to be thinking of previous sex partners while making love with their spouse? Worse, who wants their spouse to be thinking of previous sex partners?

Waiting until marriage can help you both have the confidence, security, trust, and self respect that a solid, intimate relationship needs. "I really like what you said about waiting," said a recently married young woman after a lecture at Sydney University in Australia. "My fianc and I had to make the decision and we decided to wait." (Each had been sexually active in other previous relationships.) "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."[\[21\]](#)

Why Is It Hard to Wait?

Apart from the obvious physical power of one's sex drive, there are other equally powerful emotional factors that can make it difficult to wait. 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 want to be loved as we all do and may fear losing love if they postpone sex. They are frustrated when unable to control their sexual drives or when

relationships prove unfulfilling.

Often sex brings an 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 whole "new creatures,"[{22}](#) that is, "brand new person(s) inside."[{23}](#) He taught that we can be accepted just as we are, even with our faults.[{24}](#) We can enjoy the self-esteem that comes from knowing who we are and that our lives can count for something significant.[{25}](#) He promised unconditional love to all who ask.[{26}](#) 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.[{27}](#) This teacher said, "You shall know the truth, and the truth shall make you free."[{28}](#) "My peace I give to you," He explained. "Do not let your hearts be troubled and do not be afraid."[{29}](#) Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. I placed my faith in Him personally my freshman year at Duke, Two Lambda Chi's influenced me in that direction. Though I was skeptical at first, it "has made all the difference," as Robert Frost would say.

Sex and spirituality are, of course, quite controversial topics. I realize that our International Fraternity contains a wide spectrum of beliefs on these issues. I offer these

perspectives not to preach but to stimulate healthy thinking.

Diversity was one of the things that attracted me to our chapter at Duke. Politically, philosophically, and spiritually we ran the gamut. There were liberals, conservatives, Christians, Jews, atheists, and agnostics. We tried to respect one another and learn from each other even when we differed on issues like these. That is the spirit in which I offer these remarks; may I encourage you to consider them in the same way.

To summarize, the only truly safe sex is the lovemaking that occurs in a faithful monogamous relationship where both partners are HIV negative. Condoms may reduce the risk of HIV transmission somewhat, but they can't guarantee prevention. Please, don't entrust your life to something as risky as a condom.

Notes

1. Richard W. Smith, "Parent's HIV Prevention Information Package:" n.d., p. 48. (Smith is "a public health professional with more than 20 years of experience in the epidemiology of Sexually Transmitted Diseases and HIV/AIDS prevention and control." He resides in Trenton, NJ.)
2. Theresa Crenshaw, M.D., "The Psychology of AIDS Prevention: Implementing Effective Strategies," Transcript: National Conference on HIV, Washington, DC, November 1987, p. 4.1
3. Elise F. Jones and Jacqueline Darroch Forrest, "Contraceptive Failure Rates Based on the 1988 NSFG (National Survey of Family I Growth):" *Family Planning Perspectives* 24:1 (January/February 1992), pp. 12, 18. (Jones is senior research associate and Forrest is vice president for research for Planned Parenthood's Alan Guttmacher Institute.) See also R. Gordon, *Journal of Sex and Marital Therapy* (1989), 15, pp. 5-30; in David G. Collart is affiliated with the Emory University Department of Biology. His doctorate is from the University of Florida in biochemistry and molecular biology.)
4. Richard W. Smith, "Is the Condom Really Safe Sex?", n.d.,

p. I; see also Collart, loc. cit.

5. C.M. Roland, "Barrier Performance of Latex Rubber," *Rubber World: The Technical Service Magazine for Rubber Industry*, 208:3, June 1993, pp. 1-518; and personal conversation, September 24, 1993. (Roland, who holds a Ph.D., is editor of *Rubber Chemistry and Technology* and also head of the Polymer Properties Section, Naval Research Laboratory, Washington, DC.)

6. William R. Hensyl, ed., *Stedman's Medical Dictionary*, 25th Ed. (Baltimore: Williams & Wilkins, 1990), p. 1445; Macdonald Critchley, ed., *Butterworth's Medical Dictionary*, 2nd Ed. (Boston: Butterworth & Co., 1978), p. 1577; Marcia F. Goldsmith, "Sex in the Age of AIDS Calls for Common Sense and 'Condom Sense,'" *JAMA* (Journal of the American Medical Association) 257:17, May 1, 1987, p. 2262.

7. James Kettering, Ph.D., "Efficacy of Thermoplastic Elastomers and Latex Condoms as Viral Barriers," *Contraception*, vol. 47, June 1993, pp. 563-564; and personal conversation, September 20, 1993. (Kettering is with the Department of Microbiology, Loma Linda University School of Medicine, Loma Linda, CA.)

8. Margaret A. Fischl, et al, "Heterosexual Transmission of Human Immunodeficiency Virus (HIV): Relationship of Sexual Practices to Seroconversion," III International Conference on AIDS, June 15, 1987, Abstracts Volume, p. 178; in "In Defense of a Little Virginity, Focus on the Family," *USA Today*, April 14, 1992, 11A.

9. Ronald F. Carey, Ph.D., et al, "Effectiveness of Latex Condoms as a Barrier to Human Immunodeficiency Virus-sized Particles Under conditions of Simulated Use," *Sexually Transmitted Diseases* 19:4 (July-August 1992), pp. 230-234. (Carey works for the US Food and Drug Administration.)

10. Susan C. Weller, "A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV," *Soc Sci Med* 36:12 (1993), pp. 1635-1644, emphasis hers. (Weller is with the Department of Preventive Medicine and Community Health, University of Texas Medical Branch, Galveston, TX. *Soc Sci Med*

is published in Great Britain.)

11. Douglas A. Campbell, "Burlco Stops Distribution of Condoms," *The Philadelphia Inquirer*, April 11, 1991. IB, 4B.

12. Condoms and Sexually Transmitted Diseases Especially AIDS," *HHS Publication FDA* (90-4239), in Smith, op. cit., P. 2.

13. William B. Vesey, "Condom Failure," *HLI Reports* (the newsletter of Human Life International, Gaithersburg, MD) 9:7 (July 1991); see also Collart, op. cit., p. 3.

14. "Condoms Fail," *Staying Current* (the newsletter of AIDS Information Ministries), iv: III (May-June 1992), p. 4.

15. George V. Corwell, "When simple solutions yield deadly results," *Trenton Times* (NJ), February 5, 1993. (Corwell is associate director for education, New Jersey Catholic Conference, Trenton, NJ.)

16. Robert Redfield, Jr., M.D., "Why Wait? Capital Briefing; AIDS: What You're Not Hearing Could Kill Your Youth," oral presentation), Washington, DC, May 8, 1992. (Dr. Redfield is chief of the Department of Retroviral Research at Walter Reed Army Institute of Research.)

17. Ibid.

18. Ibid.

19. Ibid. Redfield says that some people with hypogammaglobulinemia do not make antibodies, hence it takes years for them to show signs of HIV infection. (Current HIV tests detect not the virus itself, but rather the antibodies that the human body manufactures to attempt to fight the virus.)

20. Ibid.

21. Space limits extensive development here of the practical, psychological, and emotional advantages of waiting. These have been more adequately discussed in Rusty Wright and Linda Raney Wright, *How to Unlock the Secrets of Love, Sex, and Marriage*, Barbour Books, 1981; Rusty Wright, "Dynamic Sex: Beyond Technique and Experience," Campus Crusade for Christ, 1977.

22. 2 Corinthians 5:17, New American Standard Bible.

23. 2 Corinthians, 5:17, Living Bible.

24. Luke 15:10-32.
25. John 1:12; II Corinthians 5:20.
26. John 3:16; 13:34-35; 17:20, 23, 26; I John 4:7-21.
27. Acts I :8; Ephesians 5: 18; Galatians 5: 16-24; I Corinthians 6:18-20.
28. John 8:32.
29. John 14:27, NIV.

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The Epidemic of Sexually Transmitted Diseases – A Christian Solution

Written by Dr. Ray Bohlin

Dr. Bohlin looks at data describing the huge increase in STDs in American, considers the causes of this increase, and proposes a Christian solution firmly rooted in a biblical worldview.

An STD Epidemic

Sexually Transmitted Diseases (or STDs) are at unprecedented

and epidemic proportions. Thirty years of the sexual revolution is paying an ugly dividend. While a few STDs can be transmitted apart from sex acts, all are transmissible by the exchange of bodily fluids during intimate sexual contact. I want to discuss the severity of the problem as well as what must be done if we are to save a majority of the next generation from the shame, infertility, and sometimes death, that may result from STDs.

The information I am about to share is from data gathered by the Medical Institute for Sexual Health out of Austin, Texas.(1) All of these statistics are readily available from reputable medical and scientific journals.

Today, there are approximately 25 STDs. A few can be fatal. Many women are living in fear of what their future may hold as a result of STD infection. It is estimated that 1 in 5 Americans between the ages of 15 and 55 are currently infected with one or more STDs, and 12 million Americans are newly infected each year. That's nearly 5% of the entire population of the U.S. Of these new infections, 63% are in people less than 25 years old.

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual partners with relative impunity. They may conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two significant sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics. In the sixties and seventies this relatively stable situation began to change. For example, in 1976, chlamydia first appeared in increasing numbers in the United States. Chlamydia, particularly dangerous to women, is now the most common STD in the country. Then in 1981, human immunodeficiency virus (HIV), the virus which causes AIDS, was identified. By early 1993, between 1 and 2 million Americans were infected with AIDS, over 12 million were infected worldwide, and over 160,000 had

died in the U.S. alone. Over 10% of the total U.S. population, 30 million people, are infected with herpes.

In 1985, human papilloma virus (HPV), began to increase. This virus will result in venereal warts and will often lead to deadly cancers. In 1990, penicillin resistant-strains of gonorrhea were present in all fifty states.

By 1992 syphilis was at a 40-year high. As of 1993, pelvic inflammatory disease (PID), which is almost always caused by gonorrhea or chlamydia, was affecting 1 million new women each year. This includes 16,000 to 20,000 teenagers. This complication causes pelvic pain and infertility and is the leading cause of hospitalization for women, apart from pregnancy, during the childbearing years.

Pelvic inflammatory disease can result in scarred fallopian tubes which block the passage of a fertilized egg. The fertilized egg, therefore, cannot pass on to the uterus and the growing embryo will cause the tube to rupture. By 1990, there was a 400% increase in tubal pregnancies, most of which were caused by STDs. Even worse is the fact that 80% of those infected with an STD don't know it and will unwittingly infect their next sexual partner.

The Medical Facts of STDs

Syphilis is a terrible infection. In its first stage, the infected individual may be lulled into thinking there is little wrong since the small sore will disappear in 2 to 8 weeks. The second and third stages are progressively worse and can eventually lead to brain, heart, and blood vessel damage if not diagnosed and treated. The saddest part is that syphilis is 100% curable with penicillin, yet there is now more syphilis than since the late 1940s, and it is spreading rapidly.

Chlamydia, a disease which only became common in the

mid-1970s, infects 20 to 40% of some sexually active groups including teenagers. In men, chlamydia is usually less serious; with females, however, the infection can be devastating. An acute chlamydia infection in women will result in pain, fever, and damage to female organs. A silent infection can damage a woman's fallopian tubes without her ever knowing it. A single chlamydia infection can result in a 25% chance of infertility. With a second infection, the chance of infertility rises to 50%. This is double the risk of gonorrhea.

The human papilloma virus, or HPV, is an extremely common STD. One study reported that at the University of California, Berkeley, 46% of the sexually active coeds were infected with HPV. Another study reported that 38% of the sexually active females between the ages of 13 and 21 were infected. HPV is the major cause of venereal warts; it can be an extremely difficult problem to treat and may require expensive procedures such as laser surgery.

The human papilloma virus can result in precancer or cancer of the genitalia. By causing cancer of the cervix, this virus is killing more women in this country than AIDS, or over 4,600 women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

And of course there is the human immunodeficiency virus, or HIV, the virus that causes AIDS. The first few cases of AIDS were only discovered in 1981; now, in the U.S. alone, there are between 1 and 2 million infected with this disease. As far as we know, all of these people will die in the next ten years. As of early 1993, 160,000 had already died.

A 1991 study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected. While the progress of the disease is slow for many people, all who have the virus

will be infected for the rest of their life. There is no cure, and many researchers are beginning to despair of ever coming up with a cure or even a vaccine (as was eventually done with polio). In 1992, 1 in 75 men was infected with HIV and 1 in 700 women. But the number of women with AIDS is growing. In the early years of the epidemic less than 2% of the AIDS cases were women. Now the percentage is 12%.

Teenagers Face a Greater Risk from STDs

Teenagers are particularly susceptible to sexually transmitted diseases or STDs. This fact is alarming since more teens are sexually active today than ever before. An entire generation is at risk and the saddest part about it is that most of them are unaware of the dangers they face. Our teenagers must be given the correct information to help them realize that saving themselves sexually until marriage is the only way to stay healthy.

The medical reasons for teens' high susceptibility to STDs specifically relates to females. The cervix of a teenage girl has a lining which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur without ovulation. This will produce a more liquid mucus which also grows bacteria and viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1-in-80 chance in that situation.

Teenagers do not always respond to antibiotic treatment for pelvic inflammatory disease, and occasionally such teenage girls require a hysterectomy. Teenage infertility is also an increasing problem. In 1965, only 3.6% of the married couples between ages 20 and 24 were infertile; by 1982, that figure had nearly tripled to 10.6%. The infertility rate is surely

higher than that now with the alarming spread of chlamydia.

Teenagers are also more susceptible to human papilloma virus, HPV. Rates of HPV infection in teenagers can be as high as 40%, whereas in the adult population, the rate is less than 15%. Teenagers are also more likely than adults to develop precancerous growths as a result of HPV infection, and they are more likely to develop pelvic inflammatory disease.

Apart from the increased risk from STDs in teens, teenage pregnancy is also at unprecedented levels, over 1 million pregnancies, and 400,000 abortions in 1985. Abortion is not a healthy procedure for anyone to undergo, especially a teenager. It is far better to have not gotten pregnant. Oral contraceptives are not as effective with teenagers, mainly because teens are more apt to forget to take the pill. Over a one-year period, as many as 9 to 18% of teenage girls using oral contraceptives become pregnant.

Our teenagers are at great risk. In a society that has abandoned God's design for healthy meaningful sexual expression within marriage, our children need to be told the truth about the dangers of STDs.

Is "Safe Sex" Really the Answer?

I must now take a hard look at the message of "safe sex" which is being taught to teens at school and through the media across the country.

Some people believe that if teens can be taught how to use contraception and condoms effectively, that rates of pregnancy and STD infection will be reduced dramatically. But the statistics and common sense tell us otherwise. At Rutgers University, the rates of infection of students with STD varied little with the form of contraception used. For example, 35 to 44% of the sexually active students were infected with one or more STDs whether they used no contraceptive, oral

contraceptive, the diaphragm, or condoms. It is significant to note that condoms, the hero of the "safe sex" message, provided virtually no protection from STDs.

Will condoms prevent HIV infection, the virus that causes AIDS? While it is better than nothing, the bottom line is that condoms cannot be trusted. A study from Florida looked at couples where one individual was HIV positive and the other was negative. They used condoms as protection during intercourse. Obviously these couples would be highly motivated to use the condoms properly, yet after 18 months, 17% of the previously uninfected partners were now HIV positive. That is a one-in-six chance, the same as in Russian roulette. Not good odds!

Condoms do not even provide 100% protection for the purpose for which they were designed: prevention of pregnancy. One study from the School of Medicine Family Planning Clinic at the University of Pennsylvania reported that 25% of patients using condoms as birth control conceived over a one-year period. Other studies indicate that the rate of accidental pregnancy from condom-protected intercourse is around 15% with married couples and 36% for unmarried couples.

Condoms are inherently untrustworthy. The FDA allows one in 250 to be defective. Condoms are often stored and shipped at unsafe temperatures which weakens the integrity of the latex rubber causing breaks and ruptures. Condoms will break 8% of the time and slip off 7% of the time. There are just so many pitfalls in condom use that you just can't expect immature teenagers to use them properly. And even if they do, they are still at risk.

Studies are beginning to show that school-based sex education that includes condom use as the central message does not work. A study in a major pediatric journal concluded that "the available evidence indicates that there is little or no effect from school-based sex-education on sexual activity,

contraception, or teenage pregnancy.”(2) This study evaluated programs that emphasized condoms. Over \$3 billion dollars has been spent on sex- education programs emphasizing condoms with little or no effect! In addition, programs that emphasize condoms tend to give a false sense of security to sexually active students and make those students who are not having sex feel abnormal. Hardly the desired result!

The list of damages from unmarried adolescent sexual activity is long indeed. Apart from the threat to physical health and fertility, there is damage to family relationships, self-confidence and emotional health, spiritual health, and future economic opportunities due to unplanned pregnancy. Condom-based sex-education does not work.

Saving Sex for Marriage is the Common Sense Solution.

I have been discussing the epidemic of sexually transmitted diseases that is running rampant in this country and around the world. Diseases such as chlamydia, human papilloma virus, herpes, hepatitis B, trichomonas, pelvic inflammatory disease, and AIDS have joined syphilis and gonorrhea in just the last 30 years. There is no question that the fruits of the sexual revolution, or sexual convulsion as one author put it, have been devastating. I have also shown how our teenagers are at a greater risk for sexually transmitted diseases than are adults and that sex-education based on condom use is ineffective and misleading. There is only one message that offers health, hope, and joy to today’s teenagers. We need to teach single people to save intercourse for marriage.

Sex is a wonderful gift, but if uncontrolled, it has a great capacity for evil as well as good. Our bodies were not made to have multiple sex partners. Almost all risk of STD and out of wedlock pregnancy can be avoided by saving intercourse for marriage. And it can be done.

Statistics show clearly that in schools that teach a sex education program that emphasizes saving intercourse for marriage, the teen pregnancy rate drops dramatically in as little as one year. In San Marcos, California, a high school used a federally funded program ("Teen Aid") which emphasizes saving intercourse until marriage. Before using the program there were 147 pregnancies out of 600 girls. Within two years, the number of pregnancies plummeted to 20 out of 600 girls.(3) In Jessup, Georgia, upon instituting the "Sex Respect" program, the number of pregnancies out of 340 female students dropped from 17 to 13 to 11 to 3 in successive years.

Delaying intercourse until teens are older is not a naive proposal. Over 50% of the females and 40% of the males ages 15 to 19 have not had intercourse. While not a majority, they are living proof that teens can control their sexual desires. Current condom-based sex-education programs basically teach teenagers that they cannot control their sexual desires, and that they must use condoms to protect themselves. It is not a big leap from teenagers being unable to control their sexual desires to being unable to control their hate, greed, anger, and prejudice. This is not the right message for our teenagers! Teenagers are willing to discipline themselves for things they want and desire and are convinced are beneficial. Girls get up early for drill team practice. Boys train in the off-season with weights to get stronger for athletic competition. Our teens can also be disciplined in their sexual lives if they have the right information to make logical choices. Saving sex for marriage is the common sense solution. In fact, it is the only solution. We don't hesitate to tell our kids not to use drugs, and most don't. We tell our kids it's unhealthy to smoke, and most do not. We tell our kids not to use marijuana, and most do not.

It is normal and healthy not to have sex until marriage. Sexually transmitted diseases are so common that it is not an exaggeration to say that most people who regularly have sex

outside of marriage will contract a sexually transmitted disease. Not only is saving sex for marriage the only real hope for sexual health, it is God's design. God has said that our sexuality is to blossom within the confines of a mutually faithful monogamous relationship. What we are seeing today is the natural consequence of disobedience. We need to reeducate our kids not just in what is best, but in what is right.

Notes

1. Medical Institute for Sexual Health, P.O. Box 4919, Austin, TX 78765.
2. I.W. Stout, et al., *Pediatrics*, 1989, 83:376-79.
3. Joe S. McIlhaney, Jr., *Safe Sex* (Grand Rapids, Michigan; Baker Book House, 1991), p. 86.

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