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.

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.