

# **“You Are Degrading Teenagers in Your ‘Safe Sex’ Article”**

I just quickly glanced over your article about STDs and pregnancy ([Safe Sex and the Facts](#)). I was extremely set back by the hypocritical phrasing, “immature teenagers.” You may want to take a long, deep thought about how people could judge you at this time in your life. Just because teenagers may lack experience, “immaturity” would not be the word to use especially used in your degrading sense.

I think if you had read the article more carefully, you would have seen that I give teenagers a lot of credit where I know credit is due, as in this paragraph:

*“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.”*

This paragraph puts my comment in context:

*“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."*

The comment you found disgusting is not meant in a derogatory way, it is simply a realistic observation. My wife and I have raised two sons, now ages 22 and 24. They are certainly more mature then when they were 13 and 15. Even they would acknowledge that. Teenagers are immature in many ways and that is natural. They haven't had many life experiences, especially sexually, to allow them to act as mature adults and make wise decisions. That was my point. From the statistics cited about teen sexual behavior, the immaturity shows. I also certainly understand that some teenagers are more mature than others. Not everyone fits a generalization. That is understood.

I'm sorry you interpreted the phrase as being degrading. That was not my intention and I see no reason to change it.

Respectfully,

Ray Bohlin  
Probe Ministries

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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 teen pregnancy 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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# **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.

# The Teen Sexual Revolution – Abstinence Programs Are The Only Biblical Response

*Kerby Anderson considers the real problems created by the new American attitude extolling the virtues of teen sexual activity. He examines the effectiveness of various programs designed to stem the tide of teen sexual activity. He concludes the only reasonable approach is teaching the reasons for and benefits of abstinence prior to marriage.*

One of the low points in television history occurred September 25, 1991. The program was “Doogie Howser, M.D.” This half-hour TV show, aimed at preteen and teenage kids, focused on the trials and tribulations of an 18-year-old child prodigy who graduated from medical school and was in the midst of medical practice. Most programs dealt with the problems of being a kid in an adult’s profession. But on September 25 the “problem” Doogie Howser confronted was the fact that he was still a virgin.

Advance publicity drove the audience numbers to unanticipated levels. Millions of parents, teenagers, and pajama-clad kids sat down in front of their televisions to watch Doogie Howser and his girlfriend Wanda deal with his “problem.” Twenty minutes into the program, they completed the act. Television ratings went through the roof. Parents and advertisers should have as well.

What is wrong with this picture? Each day approximately 7700 teenagers relinquish their virginity. In the process, many will become pregnant and many more will contract a sexually transmitted disease (STD). Already 1 in 4 Americans have an STD, and this percentage is increasing each year. Weren’t the producers of “Doogie Howser, M.D.” aware that teenage

pregnancy and STDs are exploding in the population? Didn't they stop and think of the consequences of portraying virginity as a "problem" to be rectified? Why weren't parents and advertisers concerned about the message this program was sending?

Perhaps the answer is the trite, age-old refrain "everybody's doing it." Every television network and nearly every TV program deals with sensuality. Sooner or later the values of every other program were bound to show up on a TV program aimed at preteens and teenagers. In many ways the media is merely reflecting a culture that was transformed by a sexual revolution of values. Sexually liberal elites have hijacked our culture by seizing control of two major arenas. The first is the entertainment media (television, movies, rock music, MTV). The second is the area of sex education (sex education classes and school-based clinics). These two forces have transformed the social landscape of America and made promiscuity a virtue and virginity a "problem" to be solved.

## **The Teenage Sexuality Crisis**

We face a teenage sexuality crisis in America. Consider these alarming statistics of children having children. A New York Times article reported: "Some studies indicate three-fourths of all girls have had sex during their teenage years and 15 percent have had four or more partners." A Lou Harris poll commissioned by Planned Parenthood discovered that 46 percent of 16-year-olds and 57 percent of 17-year-olds have had sexual intercourse.

Former Secretary of Education William Bennett in speaking to the National School Board Association warned that "The statistics by which we measure how our children how our boys and girls are treating one another sexually are little short of staggering." He found that more than one-half of America's young people have had sexual intercourse by the time they are seventeen. He also found that more than one million teenage

girls in the U.S. become pregnant each year. Of those who give birth, nearly half are not yet eighteen.

“These numbers,” William Bennett concluded, “are an irrefutable indictment of sex education’s effectiveness in reducing teenage sexual activity and pregnancies.” Moreover, these numbers are not skewed by impoverished, inner city youths from broken homes. One New York polling firm posed questions to 1300 students in 16 high schools in suburban areas in order to get a reading of “mainstream” adolescent attitudes. They discovered:

- *57% lost virginity in high school*
- *79% lost virginity by the end of college*
- *16.9 average age for sex*
- *33% of high school students had sex once a month to once a week*
- *52% of college students had sex once a month to once a week.*

Kids are trying sex at an earlier age than ever before. More than a third of 15-year-old boys have had sexual intercourse as have 27 percent of the 15-year-old girls. Among sexually active teenage girls, 61 percent have had multiple partners. The reasons for such early sexual experimentation are many.

Biology is one reason. Teenagers are maturing faster sexually due to better health and nutrition. Since the turn of the century, for example, the onset of menstruation in girls has dropped three months each decade. Consequently, urges that used to arise in the mid-teens now explode in the early teens. Meanwhile the typical age of first marriage has risen more than four years since the 1950s.

A sex-saturated society is another reason. Sex is used to sell everything from cars to toothpaste. Sexual innuendos clutter



most every TV program and movie. And explicit nudity and sensuality that used to be reserved for R-rated movies has found its way into the home through broadcast and cable television. Media researchers calculate that teenagers see approximately five hours of TV a day. This means that they see each year nearly 14,000 sexual encounters on television alone.

Lack of parental supervision and direction is a third reason. Working parents and reductions in after-school programs have left teenagers with less supervision and a looser after-school life. In the inner city, the scarcity of jobs and parents coupled with a cynical view of the future invites teenage promiscuity and its inevitable consequences. Adolescent boys in the suburbs trying to prove their masculinity, herd into groups like the infamous score-keeping Spur Posse gang in California.

Even when teenagers want to sit out the sexual revolution, they often get little help from parents who may be too embarrassed or intimidated to talk to their children. Parents, in fact, often lag behind their kids in sexual information. At one sex-education workshop held by Girls Inc. (formerly Girls Club of America), nearly half of the mothers had never seen a condom. Other mothers did not want to talk about sex because they were molested as children and were fearful of talking about sex with their daughters.

Teenagers are also getting mixed messages. In any given week, they are likely to hear contradictory messages. "No sex until you're married." "No sex unless you're older." "No sex unless you're protected." "No sex unless you're in love." No wonder adolescents are confused.

## **The Report Card on Sex Education**

For more than thirty years proponents of comprehensive sex education have told us 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 has 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 in the October 1994 issue of *Atlantic Monthly* entitled "The Failure of Sex Education" demonstrated that sex education neither reduced pregnancy nor slowed the spread of STDs.

Comprehensive sex education is mandated in at least 17 states, so Whitehead chose one state 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, sex educators hold that children are sexually miseducated. Parents, in their view, have simply 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 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, 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 stem the tide of teenage pregnancy. The results of Whitehead's research are clear: abstinence is still the best form of sex education.

## **Is "Safe Sex" Really Safe?**

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?" When they were asked for a show of hands, none of the 800 members of the audience indicated that they would trust the condoms. If condoms do not eliminate the fear of HIV-infection for

sexologists and sex educators, why do we encourage the children of America to play STD Russian Roulette?

Are condoms a safe and effective way to reduce pregnancy and STDs? To listen to sex educators you would 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 translates into a 31 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 which appeared 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. Undoubtably over time, even more partners would contract AIDS.

How well does this study apply to the general population? I would argue the couples in the study group were 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 and in a committed monogamous relationship. In essence, their actions and attitudes differ dramatically from teenagers and single adults who do not know the HIV status of their partners, are often reckless, and have multiple sexual partners.

Contrary to popular belief, condoms are not as reliable as public health pronouncements might lead you to think. Abstinence is still the only safe sex.

## **Only Abstinence-Only Programs Really Work**

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. At least a dozen abstinence-based curricula are on the market, with the largest being *Sex Respect* (Bradley, Illinois) and *Teen-Aid* (Spokane, Washington).

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.

1. 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 (age 14 to 17) had engaged in sexual intercourse at least once. Put another way, the latest surveys suggest that a majority of teenagers are not doing it.

2. Abstinence prevents pregnancy. Proponents of abstinence-only programs argue that it will significantly lower the teenage pregnancy rate and cited lots of anecdotes and

statistics to make their case. For example, the San Marcos Junior High in San Marcos, California, adopted an abstinence-only program developed by Teen- Aid. The curriculum dropped the school's pregnancy rate from 147 to 20 within a two-year period. An abstinence-only program for girls in Washington, D.C., has seen only one of 400 girls become pregnant.

3. Abstinence prevents sexually transmitted diseases (STDs). After more than three decades, the sexual revolution has taken lots of prisoners. Before 1960 there were only two STDs that doctors were concerned about: syphilis and gonorrhea. Today, there are more than 20 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 less than 25 years old. Eighty percent of those infected with an STD have absolutely no symptoms.

The conclusion is simple: abstinence is the only truly safe sex.

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# Outcome Based Education

## Outcome Based Education

Times are changing. The pressure on our public schools to improve, and change, has become intense. Since 1960 our population has increased by 41%, spending on education has increased by 225% (in constant 1990 dollars), but SAT scores have fallen by 8% (or 80 points). Although few would argue

that the schools are solely to blame for our children's declining academic performance, many are hoping that schools can turn this trend around.

The decade of the 80s brought numerous education reforms, but few of them were a dramatic shift from what has gone on before. Outcome-based education (OBE) is one of those that is new, even revolutionary, and is now being promoted as the panacea for America's educational woes. This reform has been driven by educators in response to demands for greater accountability by taxpayers and as a vehicle for breaking with traditional ideas about how we teach our children. If implemented, this approach to curriculum development could change our schools more than any other reform proposal in the last thirty years.

The focus of past and present curriculum has been on content, on the knowledge to be acquired by each student. Our language, literature, history, customs, traditions, and morals, often called Western civilization, dominated the learning process through secondary school. If students learned the information and performed well on tests and assignments, they received credit for the course and moved on to the next class. The point here is that the curriculum centered on the content to be learned; its purpose was to produce academically competent students. The daily schedule in a school was organized around the content. Each hour was devoted to a given topic; some students responded well to the instruction, and some did not.

Outcome-based education will change the focus of schools from the content to the student. According to William Spady, a major advocate of this type of reform, three goals drive this new approach to creating school curricula. First, all students can learn and succeed, but not on the same day or in the same way. Second, each success by a student breeds more success. Third, schools control the conditions of success. In other words, students are seen as totally malleable creatures. If we create the right environment, any student can be prepared for



any academic or vocational career. The key is to custom fit the schools to each student's learning style and abilities.

The resulting schools will be vastly different from the ones recent generations attended. Yearly and daily schedules will change, teaching responsibilities will change, classroom activities will change, the evaluation of student performance will change, and most importantly, our perception of what it means to be an educated person will change.

## **What is OBE?**

Education is a political and emotional process. Just ask Pennsylvania's legislators. That state, along with Florida, North Carolina, and Kansas, has been rocked by political battles over the implementation of outcome-based educational reforms. The governor, the state board of education, legislators, and parents have been wrestling over how, and if, this reform should reshape the state's schools. Twenty-six other states claim to have generated outcome-based programs, and at least another nine are moving in that direction.

Before considering the details of this controversy, let's review the major differences between the traditional approach to schooling in America and an outcome-based approach.

Whereas previously the school calendar determined what a child might do at any moment of any school day, now progress toward specific outcomes will control activity. Time, content, and teaching technique will be altered to fit the needs of *each* student. Credit will be given for accomplishing stated outcomes, not for time spent in a given class.

The teacher's role in the classroom will become that of a coach. The instructor's goal is to move each child towards pre-determined outcomes rather than attempting to transmit the content of Western civilization to the next generation in a scholarly fashion. This dramatic change in the role of the

teacher will occur because the focus is no longer on content. Feelings, attitudes, and skills such as learning to work together in groups will become just as important as learning information—some reformers would argue more important. Where traditional curricula focused on the past, reformers argue that outcome-based methods prepare students for the future and for the constant change which is inevitable in our society.

Many advocates of outcome-based education feel that evaluation methods must change as well since outcomes are now central to curriculum development. We can no longer rely on simple cognitive tests to determine complex outcomes. Vermont is testing a portfolio approach to evaluation, in which art work, literary works, and the results of group projects are added to traditional tests in order to evaluate a student's progress. Where traditional testing tended to compare the abilities of students with each other, outcome-based reform will be criterion based. This means that all students must master information and skills at a predetermined level in order to move on to the next unit of material.

## **Implementing OBE Reform**

Reformers advocating an outcome-based approach to curriculum development point to the logical simplicity of its technique. First, a list of desired outcomes in the form of student behaviors, skills, attitudes, and abilities is created. Second, learning experiences are designed that will allow teachers to coach the students to a mastery level in each outcome. Third, students are tested. Those who fail to achieve mastery receive remediation or retraining until mastery is achieved. Fourth, upon completion of learner outcomes a student graduates.

On the surface, this seems to be a reasonable approach to learning. In fact, the business world has made extensive use of this method for years, specifically for skills that were easily broken down into distinct units of information or

specific behaviors. But as a comprehensive system for educating young minds, a few important questions have been raised. The most obvious question is who will determine the specific outcomes or learner objectives? This is also the area creating the most controversy across the country.

## **Transitional vs. Transformational OBE**

According to William Spady, a reform advocate, outcomes can be written with traditional, transitional, or transformational goals in mind. Spady advocates transformation goals.

Traditional outcome-based programs would use the new methodology to teach traditional content areas like math, history, and science. The state of Illinois is an example of this approach. Although outcomes drive the schooling of these children, the outcomes themselves reflect the traditional content of public schools in the past.

Many teachers find this a positive option for challenging the minimal achiever. For example, a considerable number of students currently find their way through our schools, accumulating enough credits to graduate, while picking up little in the way of content knowledge or skills. Their knowledge base reflects little actual learning, but they have become skilled in working the system. An outcome-based program would prevent such students from graduating or passing to the next grade without reaching a pre-set mastery level of competency.

The idea of transformational reform is causing much turmoil. Transformational OBE subordinates course content to key issues, concepts, and processes. Indeed, Spady calls this the "highest evolution of the OBE concept." Central to the idea of transformational reform is the notion of outcomes of significance. Examples of such outcomes from Colorado and Wyoming school systems refer to collaborative workers, quality producers, involved citizens, self-directed achievers, and

adaptable problem solvers. Spady supports transformational outcomes because they are future oriented, based on descriptions of future conditions that he feels should serve as starting points for OBE designs.

True to the spirit of the reform philosophy, little mention is made about specific things that students should know as a result of being in school. The focus is on attitudes and feelings, personal goals, initiative, and vision—in their words, the whole student.

It is in devising learner outcomes that one's worldview comes into play. Those who see the world in terms of constant change, politically and morally, find a transformation model useful. They view human nature as evolving, changing rather than fixed.

Christians see human nature as fixed and unchanging. We were created in God's image yet are now fallen and sinful. We also hold to moral absolutes based on the character of God. The learner outcomes that have been proposed are controversial because they often accept a transformational, changing view of human nature. Advocates of outcome-based education point with pride to its focus on the student rather than course content. They feel that the key to educational reform is to be found in having students master stated learner outcomes. Critics fear that this is exactly what will happen. Their fear is based on the desire of reformers to educate the whole child. What will happen, they ask, when stated learner outcomes violate the moral or religious views of parents?

For example, most sex-education courses used in our schools claim to take a value-neutral approach to human sexuality. Following the example of the Kinsey studies and materials from the Sex Education and Information Council of the United States, most curricula make few distinctions between various sex acts. Sex within marriage between those of the opposite sex is not morally different from sex outside of marriage

between those of the same sex. The goal of such programs is self-actualization and making people comfortable with their sexual preferences.

Under the traditional system of course credits a student could take a sex-ed course, totally disagree with the instruction and yet pass the course by doing acceptable work on the tests presented. Occasionally, an instructor might make life difficult for a student who fails to conform, but if the student learns the material that would qualify him or her for a passing grade and credit towards graduation.

If transformational outcome-based reformers have their way, this student would not get credit for the course until his or her attitudes, feelings, and behaviors matched the desired goals of the learner outcomes. For instance, in Pennsylvania the state board had recommended learner outcomes that would evaluate a student based on his or her ability to demonstrate a comprehensive understanding of families. Many feel that this is part of the effort to widen the definition of families to include homosexual couples. Another goal requires students to know about and *use* community health resources. Notice that just knowing that Planned Parenthood has an office in town isn't enough, one must use it.

## **Parents vs. the State**

The point of all this is to say that transformational outcome-based reform would be a much more efficient mechanism for changing our children's values and attitudes about issues facing our society. Unfortunately, the direction these changes often take is in conflict with our Christian faith. At the core of this debate is this question, "Who has authority over our children?" Public officials assume they do. Governor Casey of Pennsylvania, calling for reform, told his legislature, "We must never forget that you and I—the elected representatives of the people—and not anyone else—have the ultimate responsibility to assure the future of our children." I hope

this is merely political hyperbole. I would argue that parents of children in the state of Pennsylvania are ultimately responsible for their children's future. The state has rarely proved itself a trustworthy parent.

Outcome-based education is an ideologically neutral tool for curricular construction; whether it is more effective than traditional approaches remains to be seen. Unfortunately, because of its student-centered approach, its ability to influence individuals with a politically correct set of doctrines seems to be great. Parents (and all other taxpayers) need to weigh the possible benefits of outcome-based reform with the potential negatives.

## **Other Concerns About OBE**

Many parents are concerned about who will determine the learner outcomes for their schools. One criticism already being heard is that many states have adopted very similar outcomes regardless of the process put in place to get community input. Many wonder if there will be real consideration of what learner outcomes the public wants rather than assuming that educators know what's best for our children. Who will decide what it means to be an educated person, the taxpaying consumer or the providers of education?

If students are going to be allowed to proceed through the material at their own rate, what happens to the brighter children? Eventually students will be at many levels, what then? Will added teachers be necessary? Will computer-assisted instruction allow for individual learning speeds? Either option will cost more money. Some reformers offer a scenario where brighter students help tutor slower ones thereby encouraging group responsibility rather than promoting an elite group of learners. Critics feel that a mastery- learning approach will inevitably hold back brighter students.

With outcome-based reform, many educators are calling for a

broader set of evaluation techniques. But early attempts at grading students based on portfolios of various kinds of works has proved difficult. The Rand Corporation studied Vermont's attempt and found that "rater reliability—the extent to which raters agreed on the quality of a student's work—was low." There is a general dislike of standardized tests among the reformers because it focuses on what the child knows rather than the whole child, but is there a viable substitute? Will students find that it is more important to be politically correct than to know specific facts?

Another question to be answered by reformers is whether or not school bureaucracies will allow for such dramatic change? How will the unions respond? Will legislative mandates that are already on the books be removed, or will this new approach simply be laid over the rest, creating a jungle of regulations and red tape? Reformers supporting outcome-based education claim that local schools will actually have more control over their programs. Once learner outcomes are established, schools will be given the freedom to create programs that accomplish these goals. But critics respond by noting that although districts may be given input as to how these outcomes are achieved, local control of the outcomes themselves may be lost.

Finally, there are many who feel that focusing on transformational learner outcomes will allow for hidden agendas to be promoted in the schools. Many parents feel that there is already too much emphasis on global citizenship, radical environmentalism, humanistic views of self-esteem, and human sexuality at the expense of reading, writing, math, and science. They feel that education may become more propagandistic rather than academic in nature. Parents need to find out where their state is in regards to this movement. If an outcome-based program is being pursued, will it focus on traditional or transformational outcomes? If the outcomes are already written and adopted, can a copy be acquired? If they

are not written yet, how can parents get involved?

If the state is considering a transformational OBE program, parental concerns should be brought before the legislature. If the reform is local, parents should contact their school board. Parents have an obligation to know what is being taught to their children and if it works. Recently, parental resistance halted the OBE movement in Pennsylvania when it was pointed out to the legislature that there is no solid evidence that the radical changes pro-posed will actually cause kids to learn more. While we still can, let's make our voices heard on this issue.

## Notes

1. "Beyond Traditional Outcome-Based Education," *Educational Leadership* (October 1991), p. 67.
2. "Taking Account," *Education Week* (17 March 1993), p. 10.
3. "Beyond Traditional," p. 70.
4. "Amid Controversy, Pa. Board Adopts 'Learner Outcomes,'" *Education Week* (20 January 1993), p. 14.
5. "Casey Seeks Legislative Changes in Pa. Learning Goals," *Education Week* (3 February 1993), p. 19.
6. "Taking Account," p. 12.

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# Humanistic Psychology and Education

*Based on an interview with Dr. W.R. Coulson, Don Closson discusses the damaging effects of humanistic psychology and*



*the non-directive approach to drug and sex ed programs that it encourages.*

## **Interview with Dr. Coulson**

I recently had the opportunity to interview Dr. W. R. Coulson concerning the role that humanistic psychology is playing in education. Dr. Coulson was a long-time associate of Carl Rogers, who is considered to be the father of non-directive therapy, a therapy which has now been incorporated into self-esteem, sex-ed, and drug-ed curricula.

Dr. Coulson saw that this form of therapy had some success with mentally distressed people who knew they needed help, but following failures with locked-ward schizophrenics, normal adults, and a parochial school system in California, Dr. Coulson broke with Carl Rogers and is now trying to undo the damage of what might be called humanistic education.

The results of non-directive therapy in education have been disappointing to anyone willing to look at the facts. We asked Dr. Coulson about these negative results. He said:

*Every major study of [non-directive therapy in education] over the last 15 years . . . has shown that it produces an opposite effect to what anybody wants. There are packaged curricula all over the country with names like "Quest," "Skills For Living," "Skills for Adolescents," "Here's Looking at You 2000," "Omnibudsmen," "Meology," and "Growing Healthy." Every one of them gets the same effect, and that is that they introduce good kids to misconduct, and they do it in the name of non-judgmentalism. They say, "We're not going to call anything wrong, we're not going to call drug use wrong, because we'll make some of the kids in this classroom feel bad because they are already using drugs. Let's see if we can help people without identifying for them what they're doing wrong." What happens is that the kids who are always looking for the objective standard so that they can meet it .*

*. . are left without [one].*

*We've trained [our children] to respect legitimate authority, and now the school is exercising its authority to say, "You've got to forget about what your church taught you or what your parents taught you; forget about that business about absolutes and right and wrong. Let's put those words in quotation marks— "right" and "wrong"—and let's help you find what you really deeply inside of you want."*

*We've got youngsters here now who . . . are under the authority of the school [and] are being persuaded that there is a better way. And that way is to make their own decisions. They're being induced to make decisions about activities that the citizenry of the state have decided are wrong—drug use and teenage sex.*

## **Abraham Maslow**

My interview with Dr. W. R. Coulson next focused on the work of Abraham Maslow. Dr. Maslow constructed a theory of self-actualization that described how adults reach peak levels of performance. Much of modern educational practice assumes that Maslow's theories apply to children.

I asked Dr. Coulson, who worked with Maslow, about this connection between the theory of self-actualization and education in our public schools. He responded:

*Abe Maslow, who invented this thing, said it never applied to the population at large, and most definitely not to children. Anybody who wants to check up on my claim that Abe Maslow did a complete turnabout need only look at the second edition of his classic text called *Motivation and Personality*. He wrote a very lengthy preface . . . [in] an attempt to say that his followers had completely misused what he had written and that*

*it was going to be applied to exploiting children.*

*Writing in the late 60s, in his personal journals which were published after his death, Maslow said that this is the first generation of young people who have had their own purchasing power, and he feared that his theories of self-actualization and need fulfillment (that famous pyramid, Maslow's hierarchy of needs) would be used to steal little kids' money and virtue. . . . In the new preface he writes, "It does not apply to children; they are not mature enough; they have not had enough experience to understand tragedy, for example, nor do they have enough courage to be openly virtuous."*

Our children tend to be somewhat intimidated by their virtue because every other example they are getting, from the secular media, etc., is something very different from virtue.

*As a good kid himself, growing up in a Jewish household, Abe Maslow knew that he tended to hang back in assertiveness. The good kids, I'm afraid, sometimes do that, and he saw everything thrown out of balance when the class was opened up to the kids to teach one another. His fear was in anticipation of the research results, which is that when you teach the teacher not to teach anymore but to become a facilitator, and you turn the chairs into a circle, and you say to the kids, in effect, "What would you like to talk about?"—the troubled kids begin to teach the good kids. The experienced kids, the kids who are doing drugs and having sex, teach the good kids that they are insufficiently actualized.*

Education has adopted its view of moral and intellectual development from Dr. Maslow, an atheist who argued his views shouldn't be applied to children. The results are exactly what he predicted: our children are being exploited both economically, by tobacco and beer companies, and sexually by

the Playboy mentality.

## Self-Esteem

Parents are awakening to the disturbing fact that many educators see their children as mentally or emotionally in need of therapy. What is their illness? Low self-esteem. Low self-esteem is now named as the cause for everything from low grades to drug abuse. The solution being offered is to teach children how to acquire a healthy self-esteem.

Programs have been implemented for developing self-esteem at every grade level. DUSO (Developing Understanding of Self and Others) and Pumsy are two of the most popular elementary-school curricula. Most senior high drug-ed and sex-ed programs focus on self-esteem as well.

I asked Dr. Coulson about the use of these programs, and how parents should react to their children's placement in them. He said:

*I would raise a red flag . . . every time the word values is used. That's been a difficult word, because for a long time Christians were asking for value-oriented education. The problem is that values has become a relativistic word—it's subjective.*

*In California we taught people going through our encounter groups to say, "Well, you have your values, but who's to say your values should be my values?" We taught mothers and fathers to fear that they were selfish if they imposed their values on their children. There are children now who have become sufficiently sophisticated in this mock psychological wave that they can say to their parents, "We appreciate your value of church-going, it just doesn't happen to be mine. My experience is other than your experience. After all, Mom and Dad, you did grow up in a different era."*

*We've taught our children to be clumsy developmental psychologists who are capable of accusing their parents of wanting to oppress them by teaching them the truth. So what we have to do is turn the questions back to those who offer these curricula, like the people who wrote the DUSO curriculum or the Pumsy curriculum, and say, "Is this curriculum just your value? And if so, why should it be our value? Or is your curriculum somehow true? Do you claim to have knowledge in some way of the way things should be everywhere? Do you think you have a grip on a universal [truth], and, if you can grant that you do, can you not grant that we might, and that there might be some kind of competition between our understanding of what our universal obligations are in this world and your own understanding; that there is some kind of universal or absolute that we are seeking?"*

*Because, in fact, they don't think that their values are relativistic. They think that everybody ought to be doing this. And that's precisely their error. I'm a non-directive psychotherapist, and if I were doing therapy, I would still be doing it like Carl Rogers, my teacher, taught me to do it. But I would not be doing it in classrooms, and I would not be doing it with people who could not profit from it. DUSO is an example of a method that's been taken out of the counseling room and into the classroom, and they're giving everybody medicine that's appropriate for a few.*

## **Cooperative Education**

Another important topic is the growing popularity of cooperative education programs, programs which place students into groups and allow them to use their own skills of critical thinking to arrive at conclusions about various issues.

Dr. Coulson observed:

Cooperative learning just strikes me as another one of those ways to prevent mothers and fathers and their agents, the public schools and private schools, from teaching effectively what is right and wrong to their children. In a cooperative class the questions are put to the kids, and once again we're going to find that the impaired children are going to wind up being the teachers of the unimpaired, because the unimpaired tend to have in them somewhat the fear of the Lord. They do not want to give offense, and the other kids don't care. . . . They'll go ahead and say whatever is on their minds.

Research, for example, from the American Cancer Society shows that teenage girls who smoke are far more effective in these classroom discussions than teenage girls who don't smoke, because the teenage girls who smoke have outgoing personalities, party- types. Just let them take over the class and they really will; they'll run with the ball. And so again, the outcome of this kind of education is always the reverse of what anybody wants.

Central to virtually all of these programs is teaching children a method of decision-making. We asked Dr. Coulson to comment on these decision-making skills.

They teach what the moral philosophers call "consequentialism" as though the only morality is, "How's it going to work out?" They teach the children a method that they call "decision-making." Typically, there are Five Steps. Quest is a good example: In the First Step you identify the problem with killing someone for somebody for financial gain. The Second Step is to consider the alternatives. Immediately the Christian, the Jewish, the Muslim, or the God-fearing kid is at a disadvantage because he doesn't think there is an alternative. The only answer is "No!" It's an absolute "never"—"Thou shalt not kill." But the school says, "No, you can't be a decision-maker, a self-actualizing person, without

*looking at the alternatives.”*

*The Third Step is to predict the consequences of each alternative. We know that teenagers particularly feel invulnerable. They think . . . those things adults warn them are going to happen if they misbehave won't happen, and adults are going to try to fool them and keep them under control for their own convenience. The Fourth Step is to make the decision and act upon it. The Fifth Step is . . . to make an evaluation of the outcome, and, if you don't like the outcome, then try again. And I say there are kids who have never gotten to Step Five because Step Four killed them. There are kids who have literally died from making a wrong decision in Step Four or gone into unconsciousness, and there is no possibility of evaluation.*

## **The Religious Nature of Humanistic Education**

Why would educators implement a curriculum so damaging to what we as Christian parents want for our children? We must consider the religious assumptions held by those who created the theoretical foundations for these programs.

Schools have argued that self-esteem programs are fulfilling parental demands for values education without violating the so-called strict separation of church and state. In other words, they claim that programs such as Pumsy and DUSO are religiously neutral.

As we will hear from Dr. Coulson, the men who originated the theories behind these programs felt it their mission to influence others to see things through their particular worldview.

I asked Dr. Coulson to address the religious nature of humanistic education. He responded:

*There are four major streams of influence on what I grew up calling humanistic education. . . . Today these influences remain. They are (1) Abe Maslow's work with self-actualization and hierarchy of needs; (2) Carl Rogers's work with non-directive classrooms based on his model of psychotherapy; (3) the work of Lewis Rath and his students—Sidney Simon, Howard Kirshenbaum, Merrill Harmon—called values clarification; (4) the work of Lawrence Kohlberg.*

*All of these men independently attribute their fundamental insight to John Dewey. In 1934 John Dewey wrote a book called *The Common Faith*. John Dewey wanted a religion which could be held in common by everybody in America, and, in order for that to happen, it had to be a religion which excluded God. He called it religious humanism—that was Dewey's term for it, not my term.*

*Carl Rogers and Abe Maslow admitted to being religious humanists. Carl was from a fundamentalist, Protestant home; Abe was reared in a Jewish home, a somewhat observant home. Both of them got the religion of Dewey. Rogers was a student at Columbia when Dewey was in his Senate seat in the twenties, and Maslow was a doctoral fellow in the next decade. Maslow said in his journals, of the churchgoers, "They're not religious enough for me." And Rogers said to Richard Evans, "I'm too religious to be religious." What these men meant was, "I'm more religious than you are if you affirm a creed and if you go to church. I'm so religious I don't go to church."*

Dr. Coulson went on to state that there is a fundamental incompatibility between Christianity and these programs. The two belief systems begin with different views of man and God.

As parents, we need to know what kind of therapy is being used



on our children. If your child is receiving self-esteem training or non-directive therapy, he or she is losing time needed to become academically competent. That alone constitutes educational malpractice. But even more frightening is the possibility that your child's faith in the God of Scripture is being replaced with John Dewey's religious humanism.

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