

Despite Media Claims, Condoms Don't Prevent STDs

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

Human papilloma virus (HPV)—which can cause cervical cancer, genital warts and vaginal, vulvar, anal and penile cancers—is the most common sexually transmitted disease, infecting about 80 percent of young women within five years of becoming sexually active. One of the arguments for abstinence prior to marriage is that condoms have not been shown to be effective in protecting against HPV and other sexually transmitted diseases. A new study report, published in the June 22 edition of the *New England Journal of Medicine*, is titled “Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women”[\[1\]](#). This study was structured to provide better information on the impact of male condom use on the likelihood of women contracting HPV.

What new insights are gained from this study on the relationship of condom use and HPV? The most important result is that sexually active college women whose male partners used condoms 100 percent of the time (both with the women in the study and with other sexual partners) have roughly a 38 percent chance of contracting HPV within the first year of becoming sexually active.[\[2\]](#) If she has at least one different partner per year for four years, the probability that she will

leave college with an HPV infection is greater than 85 percent. The obvious conclusion of the study is that **condom use is not an effective means of preventing HPV.**

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

One would expect the headlines for the media reports on this topic to read, "Condoms Shown to be Ineffective Against HPV." The body of the article would point out that these results vindicate the proponents' of abstinence emphasis in preventing the spread of sexually transmitted diseases. However, the exact opposite is being purported by the media. Here are some samples from the headlines:

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

(American Council on Science and Health)

- **Condoms Proven to Protect Against Virus**

(Associated Press, *Yuma Sun*)

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

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

These headlines take a half truth and present it in a way that is designed to further a political agenda while endangering the health of America's youth and young adults. Even more dangerous is the first line of the Associated Press report,

“For the first time, scientists have proof that condoms offer women **impressive protection** against the virus that causes cervical cancer.” I do not consider an 85 percent chance of catching the virus in four years impressive. I would consider it dismal! The AP report then adds insult to injury by including this quote from an obscure expert:

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

The use of the words “impressive protection” and “so much protection” in conjunction with the results of this study borders on criminal. We need to hold our journalists to task for such biased (or, in the best case, shoddy) reporting. Even more important, we need to get out the real conclusion supported by the study: Abstinence or a completely monogamous relationship is the only effective protection against sexually transmitted diseases. As Christians, we would point to marriage as the only valid venue for a monogamous relationship, but that is outside the scope of the study.

To determine the number of coeds at risk, we need to consider how many are sexually active. In order to participate in this study, the college coeds had to have refrained from vaginal intercourse prior to the two weeks preceding the start of the study. In other words, the participants were virgins at the beginning of the study. Over the three year study period, 45 percent of those originally enrolled remained virgins. According to a report from the U.S. Center for Disease Control^[3], in 2002, 70 percent of never-married teens under the age of 18 had not engaged in sex. Taking the 55 percent from the study who started sexual activity in college with the 30 percent who were already sexually active, one would predict that 68.5 percent of college coeds would be sexually active.

This tracks well with the CDC data that 68 percent of never-married females have engaged in sex before they were 20. Thus, if coed sexual activity remains at the same level and 100 percent condom use is practiced, we can expect approximately 60 percent of college coeds to graduate with an HPV versus 68 percent with 50 percent condom usage. In contrast, if we could cut the number of sexually active coeds in half, the HPV infection rate among graduates could drop to 33 percent or less regardless of condom usage.

Notes

1. *New England Journal of Medicine*, Volume 354, June 22, 2006, Number 25, "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," Rachel L. Winer, Ph.D., James P. Hughes, Ph.D., Qinghua Feng, Ph.D., Sandra O'Reilly, B.S., Nancy B. Kiviat, M.D., King K. Holmes, M.D., Ph.D., and Laura A. Koutsky, Ph.D.
2. Study actually calculates rate per 100 hundred at risk years which is somewhat different than the probability of occurrence since some women reported multiple infections over the course of the study.
3. "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing," 2002, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, December 2004.

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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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Safe Sex?

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

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

You pause and tenderly gaze into each other's eyes, blood rushing throughout your body as your heart beats faster. Soon

you are in each other's arms kissing softly at first, then fervently. You tug at each other's clothes and both kneel to the sand. The condom comes on. You join in passionate lovemaking, then relax, hearing only the gentle waves and each other's breathing, grateful that you are comfortable in mutual care and that all is safe.

Or is it?

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

Theresa Crenshaw, M.D., has been a member of the President's Commission on HIV. She is past president of the American Association of Sex Educators, Counselors, and Therapists^[1] and once asked this question to 500 marriage and family therapists in Chicago: "How many of you recommend condoms for AIDS protection?"

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

These were marriage and family therapists, the "experts" who advise others. Dr. Crenshaw admonished them that, "It is irresponsible to give students, clients, patients advice that you would not live by yourself because they may die by it."^[2] What does this tell you about the confidence experts have in condoms to protect persons against AIDS?

Not too long ago herpes caught the public's attention. Now, of course, the focus is on AIDS. As with herpes, it is very

difficult to be absolutely certain that your partner in premarital sex does not have AIDS and there is no known cure. But, of course, there's a big difference between herpes and AIDS: herpes will make you sick; AIDS will kill you.

Assessing the Risk

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

Condoms have an 85% (annual) success rate in protecting against pregnancy. That's 15% a failure rate.[{3}](#) But remember, a women can get pregnant only about six days per month.[{4}](#) HIV can infect a person 31 days per month.

Latex rubber, from which latex gloves and condoms are made, has tiny, naturally occurring voids or capillaries measuring on the order of one micron in diameter. Pores or holes five microns in diameter have been detected in cross sections of latex gloves.[{5}](#) (A micron is one thousandth of a millimeter.) Latex condoms will generally block the human sperm, which is much larger than the HIV virus. (A human sperm is about 60 microns long and three to five microns in diameter at the head.[{6}](#) But the HIV virus is only 0.1 micron in diameter.[{7}](#) A five- micron hole is 50 times larger than the HIV virus. A one-micron hole is 10 times larger. The virus can easily fit through. It's kind of like running a football play with no defense on the field to stop you or shooting a soccer ball into an open goal. The hole is huge!

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

One study focused on married couples in which one partner was HIV positive. When couples used condoms for protection, after one and one-half years, 17% of the healthy partners had become

infected.{8} That' s about one in six, the same odds as Russian roulette.

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

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

Over Easy Please

Latex condoms are sensitive to heat, cold, light, and pressure. The FDA recommends they be stored in "a cool, dry place, out of direct sunlight, perhaps in a drawer or closet."{12} Yet they are often shipped in metal truck trailers without climate control. In winter the trailers are like freezers. In summer they're like ovens. Some have reached 185F (85C) inside. A worker once fried eggs in a skillet next to the condoms, using the heat that had accumulated inside the trailer.{13} Are you thinking of entrusting you life to this little piece of rubber?

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

Look at it this way: If you decide to drive the wrong way down a divided highway, is it safer if you use a seat belt?[{14}](#) You wouldn't call the process "safe." To call it "safer" completely misses the point. It's still a very risky and a very foolish thing to do.

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

AIDS expert Dr. Redfield of the Walter Reed Hospital put it like this at an AIDS briefing in Washington, DC: If my teenage son realizes it's foolish to drink a fifth of bourbon before he drives to the party, do I tell him to go ahead and drink a six pack of beer first, instead? [{16}](#) According to Dr. Redfield, when you're considering AIDS, "Condoms aren't safe; they're dangerous."[{17}](#)

The Test

You might say, "We've both been tested for AIDS. Neither of us has it."

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

We all know how hormones can influence honesty. It comes down

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

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

The Total You

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

Sex involves your total personalitybody, mind, and spirit. Besides being physically risky, premarital sex can hurt you emotionally and relationally. While you are single, sex can breed insecurity ("Am I the only one they've slept with? Have there been, or will there be, others?"). It can generate performance fears that can dampen sexual response. (If you fear even slightly that your acceptance by your partner hinges on your sexual performance, that fear can hamper your performance.) It can cloud the issue, confusing you into mistaking sexually charged sensations for genuine love.

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

spouse? Worse, who wants their spouse to be thinking of previous sex partners?

Waiting until marriage can help you both have the confidence, security, trust, and self respect that a solid, intimate relationship needs. "I really like what you said about waiting," said a recently married young woman after a lecture at Sydney University in Australia. "My fianc and I had to make the decision and we decided to wait." (Each had been sexually active in other previous relationships.) "With all the other tensions, decisions, and stress of engagement, sex would have been just another worry. Waiting 'till our marriage before we had sex was the best decision we ever made."[\[21\]](#)

Why Is It Hard to Wait?

Apart from the obvious physical power of one's sex drive, there are other equally powerful emotional factors that can make it difficult to wait. A longing to be close to someone or a yearning to express love can generate intense desires for physical intimacy. Many singles today want to wait but lack the inner strength or self-esteem They want to be loved as we all do and may fear losing love if they postpone sex. They are frustrated when unable to control their sexual drives or when relationships prove unfulfilling.

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

I explained to her and to her TV audience that sexuality also involves the spiritual. One wise spiritual teacher understood our loneliness and longings for love. He recognized human

emotional needs for esteem, acceptance, and wholeness and offered a plan to meet them. His plan has helped people to become whole “new creatures,”{22} that is, “brand new person(s) inside.”{23} He taught that we can be accepted just as we are, even with our faults.{24} We can enjoy the self-esteem that comes from knowing who we are and that our lives can count for something significant.{25} He promised unconditional love to all who ask.{26} Once we know we’re loved and accepted, we can have greater security to be vulnerable in relationships and new inner strength to make wise choices for safe living.{27} This teacher said, “You shall know the truth, and the truth shall make you free.”{28} “My peace I give to you,” He explained. “Do not let your hearts be troubled and do not be afraid.”{29} Millions attest to the safety and security He can provide in relationships. His name, of course, is Jesus of Nazareth. I placed my faith in Him personally my freshman year at Duke, Two Lambda Chi influenced me in that direction. Though I was skeptical at first, it “has made all the difference,” as Robert Frost would say.

Sex and spirituality are, of course, quite controversial topics. I realize that our International Fraternity contains a wide spectrum of beliefs on these issues. I offer these perspectives not to preach but to stimulate healthy thinking.

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

To summarize, the only truly safe sex is the lovemaking that occurs in a faithful monogamous relationship where both partners are HIV negative. Condoms may reduce the risk of HIV transmission somewhat, but they can’t guarantee prevention.

Please, don't entrust your life to something as risky as a condom.

Notes

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17. Ibid.

18. Ibid.

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

20. Ibid.

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

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

24. Luke 15:10-32.

25. John 1:12; II Corinthians 5:20.

26. John 3:16; 13:34-35; 17:20, 23, 26; I John 4:7-21.

27. Acts I :8; Ephesians 5: 18; Galatians 5: 16-24; I Corinthians 6:18-20.

28. John 8:32.

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Safe Sex and the Facts – A Christian Perspective

Dr. Ray Bohlin provides a look at the many problems surrounding the idea of safe sex from a Christian, biblical worldview perspective as well as a scientific perspective. He provides a sound argument for supporting the Christian view of sex being reserved for the marriage relationship.



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

At age 16 John had sex with Andrea. Just one time. He enjoyed the experience but felt guilty and decided the risk of sexually transmitted diseases (STDs) and pregnancy were just too great. He did not have sex again until nine years later when he married Cindy, who was a virgin. Three months after their wedding Cindy began having painful symptoms. Unknowingly John, who had never had any symptoms of disease, had brought two STDs into his marriage. But John and Cindy were lucky; they both responded to treatment and are healthy today. Many others, however, are not so fortunate. Today STDs are at unprecedented and epidemic proportions. Thirty years of the sexual revolution is paying an ugly dividend, and those most at risk are teenagers. This is true partially because teenagers are more sexually active than ever before, but also because teenage girls are more susceptible to STDs than males or adult females.

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

If you are not aware of some of the following statistics, then prepare to fasten your seat belt because what I have to report is not pretty. The information I am about to share is from data gathered by the Medical Institute for Sexual Health in Austin, Texas.(1) All of these statistics are readily available from reputable medical and scientific journals.

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

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual part-ners with relative impunity and conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two prevalent sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics.

In the sixties and seventies this relatively stable situation began to change. For example, in 1976, chlamydia first appeared in increasing numbers in the U.S. Chlamydia, particularly dangerous to women, is now the most common bacterial STD in the country. In 1981, human immuno-deficiency virus (HIV), the virus which causes AIDS, was identified. By

early 1993, between 1 and 2 million Americans were infected with HIV or AIDS, over 12 million were infected worldwide, and over 160,000 had died in the U.S. alone. Then herpes was added to the mix. This STD now infects 30 million people.

In 1985, human papilloma virus (HPV) began a dramatic increase. This virus can result in venereal warts and will often lead to deadly cancers.

By 1990, penicillin-resistant strains of gonorrhea were present in all fifty states, and by 1992 syphilis was at a 40-year high. As of 1993, pelvic inflammatory disease (PID), which is almost always caused by gonorrhea or chlamydia, was affecting 1 million new women each year. This includes 16,000 to 20,000 teenagers. This infection can result in pelvic pain and infertility and is the leading cause of hospitalization for women between the ages of 15 and 55, apart from pregnancy.

Pelvic inflammatory disease can result in scarred fallopian tubes which block passage of a fertilized egg. The fertilized egg, therefore, cannot pass on to the uterus, and the growing embryo will cause the tube to rupture. From 1960 to 1990 there was a 400% increase in tubal pregnancies, most of which were caused by STDs. Making matters even worse is the fact that 80% of those infected with an STD don't know it and will unwittingly infect their next sexual partner.

The Medical Facts of STDs

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

Chlamydia, a disease which only became common in the mid-1980s, infects 20 to 40% of some sexually active groups including teenagers. In men, chlamydia can cause infertile sperm, a condition reversible with antibiotics. In women, however, the infection is devastating. An acute chlamydia infection in women will result in pain, fever, and damage to female organs. A silent infection can damage a woman's fallopian tubes without her ever knowing it. A single episode of chlamydia PID can result in a 25% chance of infertility. With a second infection, the chance of infertility rises to 50%. This is double the risk of gonorrhea.

Treatment with antibiotics is not always successful. One study reported that 18% showed a recurrence of infection within 3 weeks. As many as 14% of teenagers do not respond to treatment, and ultimately require a hysterectomy. It is an overwhelming burden for an 18- or 19-year-old girl to have to face the fact that she will never be able to bear a single child.

The human papilloma virus (HPV) is an extremely common STD. One study reported that at the University of California, Berkeley, 46% of the sexually active coeds were infected with HPV. Another study reported that 38% of the sexually active females between the ages of 13 and 21 were infected.

HPV is the major cause of venereal warts which are extremely difficult to treat and may require expensive procedures such as laser surgery. HPV can result in pre-cancer or cancer of the genitalia. By causing cancer of the cervix, this virus is presently killing more women in this country than AIDS, or over 4,600 women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

And of course there is the human immunodeficiency virus, or HIV, the virus that causes AIDS. The first few cases of AIDS were only discovered in 1981; now, in the U.S. alone, there

are between 1 and 2 million infected with this disease. As far as we know, all of these people will die in the next ten to fifteen years. As of early 1993, approximately 160,000 had already died.

In 1991 a non-random study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected.

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

Teenagers Face Greater Risks from STDs

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

The medical reasons for teens' high susceptibility to STDs relates specifically to females. The cervix of a teen-age girl has a lining (ectropion) which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur without ovulation. This will produce a more liquid mucus which also grows bacteria and

viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1-in-80 chance in the same situation.

Teenagers do not always respond to antibiotic treatment for pelvic inflammatory disease, and occasionally such teenage girls require a hysterectomy. Infertility is an increasing problem in our society. It is estimated that one-fourth to one-third of all female infertility in marriage is a result of STDs.

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

Apart from the increased risk from STDs in teens, teen-age pregnancy is also at unprecedented levels. In 1985 there were over 1 million teen-age pregnancies; 400,000 of these ended in abortion. Abortion is not a healthy procedure for anyone to undergo, but this is especially true for a teenager. Not getting pregnant to begin with is far better. Oral contraceptives are not as effective with teenagers, mainly because teens are more apt to forget to take the pill. Over a one-year period, as many as 9 to 18% of teenage girls using oral contraceptives become pregnant.

Finally, when teenagers start having sex earlier in life, they are much more likely to have multiple sexual partners, a behavior that puts them at greater risk for STD. When teenagers become sexually active before they are 18 years of age, 75% of them will have more than 2 partners and 45% of them will have 4 or more partners. If sexual activity begins after the 19th birthday, only 20% will have 2 or more partners

and only 1% will have 4 or more partners. (These statistics were reported by the Centers for Disease Control after interviewing people in their 20s.)

Is Safe Sex Really the Answer?

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

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

Will condoms prevent HIV infection, the virus that causes AIDS? While it is better than nothing, the bottom line is that condoms cannot be trusted. A study from Florida looked at couples in which one partner was HIV positive and the other was negative. They used condoms as protection during intercourse. After 18 months, 17% of the previously uninfected partners were HIV positive. That is a one-in-six chance, the same as in Russian roulette.

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

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

Studies are beginning to show that school-based sex education that includes condom use as the central message, does not work. A study in a major pediatric journal concluded that the available evidence indicates that there is little or no effect from school-based sex- education on sexual activity, contraception, or teenage pregnancy.(2) This study evaluated programs that emphasized condoms. In addition, programs that emphasize condoms tend to give a false sense of security to sexually active students and make those students who are not having sex feel abnormal.

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

Saving Sex for Marriage is the Common Sense Solution.

The epidemic of sexually transmitted diseases is running rampant in this country and around the world. Diseases such as chlamydia, human papilloma virus, herpes, hepatitis B, trichomonas, pelvic inflammatory disease, and AIDS have joined syphilis and gonorrhea in just the last 30 years. There is no question that the fruits of the sexual revolution have been devastating. I have also shown how our teen-agers are at a

greater risk for sexually transmitted diseases than are adults and that sex-education based on condom use is ineffective and misleading. There is only one message that offers health, hope, and joy to today's teenagers. We need to teach single people to save intercourse for marriage.

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

Statistics show clearly that in schools that teach a sex education program that emphasizes saving intercourse for marriage, the teen pregnancy rate drops dramatically in as little as one year. In San Marcos, California, a high school used a federally funded program ("Teen Aid") which emphasizes saving intercourse until marriage. Before using the program there were 147 pregnancies out of 600 girls. Within two years, the number of pregnancies plummeted to 20 out of 600 girls.(3) As of 1992, San Marcos was still using this program and was still satisfied with it. In Jessup Georgia, upon instituting the "Sex Respect" program, the number of pregnancies out of 340 female students dropped from 17 to 13 to 11 to 3 in successive years.

Delaying intercourse until teens are older is not a naive proposal. Over 50% of the females and 40% of the males between 15 and 19 have not had intercourse. They are living proof that teens can control their sexual desires. Of those who had at least one sexual experience, 20% had sex in the past but were not currently sexually active. Therefore, a minority of students are sexually active.

Condom-based sex-education programs basically teach teen-agers that they cannot control their sexual desires, and that they must use condoms to protect themselves. It is not a big leap from people 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 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 or marijuana, and most do not. We tell our kids it's unhealthy to smoke, and most do not.

It is normal and healthy not to have sex until marriage. STDs are so common that it is not an exaggeration to say that most people who regularly have sex outside of marriage will contract a sexually transmitted disease. Our sexuality should blossom within the confines of a mutually faithful monogamous relationship. We need to reeducate our kids not just in what is healthy, but in what is right.

Notes

1. Medical Institute for Sexual Health, P.O. Box 4919, Austin, TX 78765.
2. I.W. Stout, et al., *Pediatrics*, 1989, 83:376-79.
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The Epidemic of Sexually Transmitted Diseases – A Christian Solution

Written by Dr. Ray Bohlin

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

An STD Epidemic

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

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

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

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual partners with relative impunity. They may conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two significant sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics. In the sixties and seventies this relatively stable situation began to change. For example, in 1976, chlamydia first appeared in increasing numbers in the United States. Chlamydia, particularly dangerous to women, is now the most common STD in the country. Then in 1981, human immunodeficiency virus (HIV), the virus which causes AIDS, was identified. By early 1993, between 1 and 2 million Americans were infected with AIDS, over 12 million were infected worldwide, and over 160,000 had died in the U.S. alone. Over 10% of the total U.S. population, 30 million people, are infected with herpes.

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

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

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

their next sexual partner.

The Medical Facts of STDs

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

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

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

The human papilloma virus can result in precancer or cancer of the genitalia. By causing cancer of the cervix, this virus is killing more women in this country than AIDS, or over 4,600

women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

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

A 1991 study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected. While the progress of the disease is slow for many people, all who have the virus will be infected for the rest of their life. There is no cure, and many researchers are beginning to despair of ever coming up with a cure or even a vaccine (as was eventually done with polio). In 1992, 1 in 75 men was infected with HIV and 1 in 700 women. But the number of women with AIDS is growing. In the early years of the epidemic less than 2% of the AIDS cases were women. Now the percentage is 12%.

Teenagers Face a Greater Risk from STDs

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

The medical reasons for teens' high susceptibility to STDs specifically relates to females. The cervix of a teenage girl has a lining which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or

has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur without ovulation. This will produce a more liquid mucus which also grows bacteria and viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1-in-80 chance in that situation.

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

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

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

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

Is “Safe Sex” Really the Answer?

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

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

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

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

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

Studies are beginning to show that school-based sex education that includes condom use as the central message does not work. A study in a major pediatric journal concluded that "the available evidence indicates that there is little or no effect from school-based sex-education on sexual activity, contraception, or teenage pregnancy." (2) This study evaluated programs that emphasized condoms. Over \$3 billion dollars has been spent on sex- education programs emphasizing condoms with little or no effect! In addition, programs that emphasize condoms tend to give a false sense of security to sexually active students and make those students who are not having sex feel abnormal. Hardly the desired result!

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

Saving Sex for Marriage is the Common Sense Solution.

I have been discussing the epidemic of sexually transmitted diseases that is running rampant in this country and around the world. Diseases such as chlamydia, human papilloma virus, herpes, hepatitis B, trichomonas, pelvic inflammatory disease, and AIDS have joined syphilis and gonorrhea in just the last

30 years. There is no question that the fruits of the sexual revolution, or sexual convulsion as one author put it, have been devastating. I have also shown how our teenagers are at a greater risk for sexually transmitted diseases than are adults and that sex-education based on condom use is ineffective and misleading. There is only one message that offers health, hope, and joy to today's teenagers. We need to teach single people to save intercourse for marriage.

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

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

Delaying intercourse until teens are older is not a naive proposal. Over 50% of the females and 40% of the males ages 15 to 19 have not had intercourse. While not a majority, they are living proof that teens can control their sexual desires. Current condom-based sex-education programs basically teach teenagers that they cannot control their sexual desires, and that they must use condoms to protect themselves. It is not a big leap from teenagers being unable to control their sexual desires to being unable to control their hate, greed, anger, and prejudice. This is not the right message for our teenagers! Teenagers are willing to discipline themselves for

things they want and desire and are convinced are beneficial. Girls get up early for drill team practice. Boys train in the off-season with weights to get stronger for athletic competition. Our teens can also be disciplined in their sexual lives if they have the right information to make logical choices. Saving sex for marriage is the common sense solution. In fact, it is the only solution. We don't hesitate to tell our kids not to use drugs, and most don't. We tell our kids it's unhealthy to smoke, and most do not. We tell our kids not to use marijuana, and most do not.

It is normal and healthy not to have sex until marriage. Sexually transmitted diseases are so common that it is not an exaggeration to say that most people who regularly have sex outside of marriage will contract a sexually transmitted disease. Not only is saving sex for marriage the only real hope for sexual health, it is God's design. God has said that our sexuality is to blossom within the confines of a mutually faithful monogamous relationship. What we are seeing today is the natural consequence of disobedience. We need to reeducate our kids not just in what is best, but in what is right.

Notes

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

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