

“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

**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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Sexual Purity – A Biblical

Worldview Perspective Remains Truth

Dr. Bohlin uses a passage from Proverbs to provide us insight into the importance of sexual purity for our age. This important biblical worldview concept is still valid today even in this age where sexual promiscuity is trumpeted from the media.

Medical Reasons for Sexual Purity

As our society prepares to enter the 21st century, one trend and long-time staple of our culture looms ever larger on the horizon. The places to which one can escape in order to avoid sexual temptation continue to shrink. Children cannot be allowed to roam unsupervised through the neighborhood video stores because of the racks of videos with alluring covers of scantily clad exercisers and playmates of the year. The aisles of popular new releases contain images from R-rated movies that were only found in skin magazines thirty years ago. A trip to the grocery store can take you past the book aisle with suggestive covers on romance novels which contain graphic descriptions of sexual encounters. Billboards for beer, cars, and movies all use sex to sell. Radio stations readily play songs today that were banned from the airwaves decades ago. A trip to the mall takes you past stores with only sex to sell. Your home is invaded with sexually explicit images over even the free non-cable channels and your home computer. Unwelcome mail enters your home selling well-known sex magazines that continue to earn millions of dollars every year.

From the moment Adam and Eve were ashamed of their nakedness, sexual temptation has been in our midst. But except for brief periods in declining cultures, the temptations had to be sought after. There were places where one could be relatively safe from the sights and sounds which inflame lust and desire.

Those days are over. Oh, sure, you can have blocks installed on your computer or phone and the local video store will allow you to put a screen on your children's rentals. But the fact that such systems are necessary and only voluntary should be enough to tell us of the pervasiveness of sex in our society. Sexual purity is a rare and often scorned virtue today. When a Hollywood couple makes it known that they are saving sex for marriage, people ask, "Why would you do that?"

While sex is clearly pervasive in our society, you don't have to look very far to find plenty of reasons to avoid sexual relations outside of marriage. The biblical words for *fornication* or *sexual immorality* refer to all sexual activity outside of marriage, and the Scriptures clearly state that all such activity is forbidden (Lev. 18 & 20; Matt. 15:19; 1 Cor. 6:9-10,18; 1 Thess. 4:3). But a person may rationalize that while sexual activity outside of marriage is sin, "I can always be forgiven for my sin, and as long as I am not found out, who gets hurt?" Paul answers this resoundingly in Romans 6. "May it never be!" cries the apostle. By allowing sin to reign in our hearts we effectively say that Christ's death and resurrection has no power in our life.

If this is not powerful enough, consider the physical consequences of sexual immorality that exist today. In the 1960s there were only two STDs: syphilis and gonorrhea. Today there are over 25, and 1 in 5 Americans between the ages of 15 and 55 has a viral STD. That number is 1 in 4 if bacterial infections are included. There are 12 million new infections every year with 60 percent of these among teenagers.

Chlamydia and gonorrhea can lead to pelvic inflammatory disease which often results in sterility. Human Papilloma Virus (HPV) frequently produces genital warts which can develop into cancer. Rampant HPV infection is the primary reason that women are urged to have Pap smears on a yearly basis. If you are sexually active outside of marriage and "lucky," you may only contract herpes, but even this is an

embarrassing, bothersome, incurable infection. But you may get AIDS, which will kill you. Since the human immunodeficiency virus (HIV) can lie dormant for years before developing into deadly AIDS, your sex partner may not know that he or she is infected. The fact is, if you are sexually active outside of marriage, it is almost guaranteed that you will contract at least one STD.

But information is not enough. Why is sexual purity within marriage so important to God? And what do we do to avoid falling into sexual sin with so much temptation swirling around our heads? We will now turn to explore some time tested advice from Scripture to see what we must do and why.

The Naturalistic Rejection of the Mystical Nature of Marriage

In his book *Reason in the Balance*, Phillip Johnson brilliantly documents the vise grip of philosophical naturalism in science, law, and education in the United States. Our populace has been taught for so long that matter, energy, space, and time are all that exists that it has infected every form of cultural discourse, including our sexual behavior. Freedom of choice and personal fulfillment are praised as the ultimate virtues because, for the naturalist, sex is just a physical act that fulfills a basic need and instinct of every person. People should be free to pursue whatever sexual expression they choose to meet that basic physiological need. And this need is only created by our fundamental drive to reproduce and spread our genes into the next generation. In the naturalistic worldview, sex becomes simply a basic need and marriage just a relative cultural expression to satisfy that need for some, but not all people.

That is why so many people, including Christians, look at Scripture's clear statements condemning sex outside of marriage as antiquated and old-fashioned. "Oh," they say,

“they applied to the people of that time, but not now. Not as we prepare to enter the 21st century!” But this raises some important questions. First, do the Scriptural injunctions against any sex outside of marriage really apply today? The answer, of course, is, “Yes, they do.” We recognize readily what the Bible has to say about sex, and we see all about us the physical, emotional, and relational consequences of sexual immorality. Since God is sovereign, He established these consequences as warning signs not to transgress His principles. But second, just why is sexual fidelity so important to God?

The first reason is because God’s intentions for marriage were clearly stated right from the beginning. Genesis 2:18-25 makes it plain that God’s design was one man and one woman for life. Jesus used this passage as the basis for His teaching on divorce in Matthew 19: “What God has joined together, let no man break apart.” As Creator, God has every right to tell us what He wants.

Second, the Father has used the marriage union as an analogy for His relationship with Israel in the Old Testament and the church’s relationship with Jesus in the New Testament. Isaiah 1:21, Jeremiah 2:20, 3:1-10, and especially Ezekiel 16:15-34 accuse Israel of playing the harlot, chasing after other gods and ignoring her rightful “husband.” God’s union with Israel was to be forever. He was faithful, but Israel was not. The Lord rained down His judgment on the unfaithfulness of Israel and Judah. In Ephesians 5 Paul tells husbands that they are to love their wives as Christ loves the church. Elsewhere, Jesus is spoken of as the bridegroom and the church as His bride, another relationship that is to be forever. Jesus will be faithful. Will the church? Our marital and sexual relationships are to mirror the Lord’s special relationships with Israel in the Old Testament and the church in the New. God hates divorce and any sexual relationships outside of marriage, because He hates it when His faithfulness to us is

spurned by our turning to other gods. This is true whether they be the pagan gods of old, which are still around, or the modern gods of self, money, power, and sex.

Well, we may know what is right, but knowing what is right is often not the same as doing what is right. Now, I want to look at a passage in Proverbs that instructs its readers concerning dangers, both obvious and subtle, of sexual temptation.

A Young Man Lacking Sense Meets a Harlot

It is hard for some to imagine that the Bible contains explicit advice on how to avoid sexual temptation. But the entire chapter of Proverbs 7 is devoted to exactly that. In the first five verses, Solomon essentially pleads with his son to listen and guard his words carefully concerning the adulteress.

My son, keep my words,
And treasure my commandments within you.

Keep my commandments and live,
(sounds like serious stuff!)
And my teaching as the apple of your eye.
(actually the "pupil" or "little man of your eye." This was meant therefore to be a precious truth to be closely guarded and kept.)

Solomon goes on in verse 3:

Bind them on your fingers;
Write them on the tablet of your heart.

Say to wisdom, "You are my sister,"
And call understanding your intimate friend.

That they may keep you from an adulteress,
From the foreigner who flatters with her words.

In verses 6-9, King Solomon takes the role of an observer,

telling his son what he sees unfolding before him.

For at the window of my house,
I looked out through my lattice,

And I saw among the naive,
I discerned among the youths,
A young man lacking sense.

Passing through the street near her corner;
And he takes the way to her house.

In the twilight, in the evening,
In the middle of the night and in the darkness.

Solomon speaks of one who is young, inexperienced, and lacking judgment. His first clue was that he purposefully walks down her street and actually heads straight to her house in the middle of the night. As Charlie Brown would say, "Good grief!" The young man's intent is probably harmless. He is curious, perhaps hoping for a glimpse of the adulteress plying her wares to someone else on the street. Sin is probably not on his mind. He just wants to see what the real world is like. That kind of thinking is still heard today. "I just need to know what is out there so I can warn my family and others around me." In reality, our young fool was looking for titillation and was confident that he could withstand the temptation.

This is precisely why Solomon says he is lacking sense. The apostle Paul warns in 1 Corinthians 10:12, "Therefore let him who thinks he stands take heed lest he fall." Overconfidence is our worst enemy in the face of temptation. I am reminded of two contrasting characters in J.R.R. Tolkien's *Lord of the Rings* trilogy, Boromir and Faramir. Boromir and Faramir were brothers. Boromir, the elder, was renowned for his exploits in war. He was his father's favorite and the principal heir. He was confident, however, that were he to wield the One Ring, the Ring of Power, he would not be corrupted by it and could

use it to defeat the armies of the evil Sauron. However, his overconfidence and lust for power lead him to attempt to steal the ring from the designated Ring- bearer. His foolishness caused the Fellowship of the Ring to be split apart under attack and led eventually to his death. He thought he could stand, but he fell.

His brother Faramir, however, had a more realistic picture of his sinful nature. When confronted later with the same opportunity to see and even hold the Ring, he refused. He knew the temptation would be strong and that the best way not to yield to the lust for power was to keep the temptation as far away as possible. Faramir, though perceived to be weaker than his brother, was, in a sense, actually the wiser and stronger of the two. He took heed and did not fall and later played a significant role in the final victory over the forces of evil.

What about you? Do you consider yourself strong enough to resist the temptations presented in movies, books, commercials, etc.? Do you walk into the movie theater blindly, lacking sense, uninformed as to why this movie is R-rated or even PG-13? Are you a headstrong Boromir, or a wise Faramir who knows his weakness in the face of temptation and avoids it whenever possible?

The Schemes of the Adulteress

As we continue in our walk through Proverbs 7, Solomon now focuses his attention on the schemes of the seductress. Our young man lacking sense is walking down her street, right past her house. Solomon continues in verse 10:

And behold, a woman comes to meet him,
Dressed as a harlot and cunning of heart.

She is boisterous and rebellious;
Her feet do not remain at home;

She is now in the streets, now in the squares,

And lurks by every corner.

Wow! What a surprise! A woman comes to meet him! Can't you just hear Gomer Pyle exclaiming at the top of his lungs, "Surprise! Surprise! Surprise!" Surprise, indeed! This is only what was expected. Her boisterousness lends an air of fun and frivolity. Let's face it, if sin weren't so enjoyable we wouldn't fall prey to it so easily. Solomon next gives the impression that she is everywhere to be found. As I pointed out earlier, that is even more true today. Even a widely proclaimed family movie like *Forrest Gump* surprised many with scenes that were unnecessary and sexually explicit. If you were surprised, you shouldn't have been. Check these things out beforehand. Don't act like a young man lacking sense and wander down the street of temptation unaware. Remember that Jesus extended the moral law from our actions to our thought life. If we simply lust after a woman, we have already committed adultery in our hearts (Matt. 5:27-28).

Solomon next turns to the woman's tactics:

So she seizes him and kisses him,
(Suddenness can put you off your guard unless you have predecided what you would do, whether it is a real seduction, a scene in a movie, TV program, or book. Will you close your eyes, leave, change channels, skip a few pages? What? Know beforehand!)

And with a brazen face she says to him:

"I was due to offer peace offerings;

Today I have paid my vows.

(I'm not such a bad person. See, I do a lot of the same things you do. You're not going to reject and judge me, are you?)

Therefore I have come out to meet you,

To seek your presence earnestly, and I have found you."

Ah, the ultimate weapon with a man: female flattery. Men are suckers when they're told that they are needed. It was he,

particularly, that she was waiting for. Not just anybody. If a man senses he is needed, he will be very reluctant to say no. Men usually hate to disappoint.

Solomon continues:

"I have spread my couch with coverings,
With colored linens of Egypt.

I have sprinkled my bed
With myrrh, aloes and cinnamon.

Come, let us drink our fill of love until morning;
Let us delight ourselves with caresses."

As she continues her assault on the male ego by indicating all the trouble she has gone through just for him ("Don't hurt my feelings now," she says), she creates a sensual picture that is meant to arouse him and draw him in. Be realistic. This sounds inviting, even from the pages of Scripture. This should be a loud tornado siren in your ear to tell you: "There, but for the grace of God, go I!" The adulteress finishes her seduction with the assurance that no one need ever know, in verses 19 and 20. She says:

"For the man is not at home,
He has gone on a long journey;

He has taken a bag of money with him,
At the full moon he will come home."

This rationalization of "no one will know" is true not only of an affair, but also of what we allow into our minds through the privacy of our computer, videos rented when no one else is home, magazines stashed away in a secret place, or visits to parts of town where we certainly don't expect to find anyone we know. But it's a lie. These things cannot be hidden for a lifetime. Either you will slip up sooner or later, or you will poison your mind to such an extent that the outward temptation

can no longer be resisted. Moses speaks to Israel in Numbers 32:23 warning them that if they do not obey the Lord, “their sin will find them out.”

The Young Man Capitulates and Must Face the Consequences

As we have seen, the young man in Proverbs 7 has walked right into temptation’s snare and has been totally mesmerized by the pleas and schemes of the adulteress. I have made many parallels to today as to how prevalent sexual temptation is. Now we will see the young man’s demise and the consequences of his actions. Beginning in verse 21:

With her many persuasions she entices him;
With her flattering lips she seduces him.

Suddenly he follows her,
(probably as if in a trance)
As an ox goes to the slaughter,
(silently and dumbly)
Or as a stag goes into a trap,

Until an arrow pierces through his liver,
As a bird hastens to the snare,
(again blindly and without knowledge)
So he does not know that it will cost him his life.

He capitulates without a word, mesmerized by her seduction. The analogy to the ox, the deer, and the bird point out that each of them walk blindly, silently, and unknowingly to their death. So it is with the young man lacking sense. While he will not die in a physical sense, though he may if he contracts AIDS, he will die in the sense that his life will never be the same. Not only will the shame and guilt be difficult to overcome, but there will be severed relationships that may never be repaired. There may also be consequences that can never be removed and scars that may never be healed,

such as a child out of wedlock or a broken marriage in which children are the real victims. But even if the sin is with pornography, remember your sins will find you out. You may keep up appearances for awhile but your ministry, your family, and your relationship with God will slowly rot from the inside out. Solomon closes with some final warnings and observations:

Now therefore, my sons, listen to me,
And pay attention to the words of my mouth.

Do not let your heart turn aside to her ways,
(*do not give your mind opportunity with impure material*)
Do not stray into her paths.

For many are the victims she has cast down,
And numerous are all her slain.

Her house is the way to Sheol,
Descending to the chambers of death.

Your best defense is to first realize that none are immune. Remember Boromir and Faramir from Tolkien's *Lord of the Rings*. Boromir, the stronger, older brother, thought he could resist the power of the One Ring and use it to defeat the enemy. In the end, his lust for power drove him to irrationality and eventually to his death. Faramir, however, assessed his weakness correctly and refused to even look at the Ring when the opportunity arose, knowing its seductive power. He not only lived but was used mightily in the battles that followed. No one was capable of totally resisting the power of the Ring. Those who actually gazed upon the Ring, handled it and even used it, resisted only through an extreme exercise of will often aided by the intervention and counsel of others or circumstances (Frodo, Bilbo, and Samwise). Those who totally yielded to it were destroyed by it (Gollum).

Many have faltered before you and many will come after you. Your first mistake would be to think of yourself as above this kind of sin or immune to it. Don't kid yourself. It can ruin

you physically! It can ruin you emotionally! It can ruin you spiritually!

Purity affirms who we are; we are made in the image of God. Purity affirms our relationship to Jesus Christ as His bride. Purity affirms women as a treasure God created for us as a companion and helpmate and not as an object for us to conquer.

Pray and ask forgiveness for any involvement in pornography, R- rated movies, and lustful thoughts. Commit to predecide what to do about those sudden temptations, commit to purity, commit to wives and husbands (or future wives and husbands) to be faithful in the power of the Holy Spirit. Martin Luther said that you cannot stop birds from flying over your head, but you can certainly stop them from making a nest in your hair. Some temptation is unavoidable, but as far as it depends on you, give it no opportunity to set up residence in your mind.

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School-Based Health Clinics and Sex Education

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

School-based Health Clinics

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

The first major study to receive nationwide attention was DuSable

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

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

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

First, some of the statistics are anecdotal rather than statistical. School officials admitted that the schools could not document the decrease in pregnancies. The Support Center

for School-Based Clinics acknowledged that “most of the evidence for the success of that program is based upon the clinic’s own records and the staff’s knowledge of births among students. Thus, the data undoubtedly do not include all births.”

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

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

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

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

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

the teen pregnancy rate. School-based clinics do not work.

Sex Education

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

Perhaps one of the most devastating popular critiques of comprehensive sex education came from Barbara Dafoe Whitehead. The journalist who said that Dan Quayle was right also was willing to say that sex education was wrong. Her article, "The Failure of Sex Education" in the October 1994 issue of *Atlantic Monthly*, demonstrated that sex education neither reduced pregnancy nor slowed the spread of STDs.

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

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

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

Third, *if mis-education is the problem, then sex education in*

the schools is the solution. Parents are failing miserably at the task, so “it is time to turn the job over to the schools. Schools occupy a safe middle ground between Mom and MTV.”

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

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

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

The Case Against Condoms

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

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

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

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

The study was presented at the Ninth International Conference

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

Unfortunately, that is not the whole story. Condoms do appear to be effective in stopping the spread of AIDS when used “correctly and consistently.” Most individuals, however, do not use them “correctly and consistently.” What happens to them? Well, it turns out that part of the study received much less attention. Of 122 couples who could not be taught to use condoms properly, 12 became HIV positive in both partners. Undoubtedly over time, even more partners would contract AIDS.

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

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

Abstinence Is the Answer

Less than a decade ago an abstinence-only program was rare in the public schools. Today, directive abstinence programs can

be found in many school districts while battles are fought in other school districts for their inclusion or removal. While proponents of abstinence programs run for school board or influence existing school board members, groups like Planned Parenthood bring lawsuits against districts that use abstinence-based curricula, arguing that they are inaccurate or incomplete.

The emergence of abstinence-only programs as an alternative to comprehensive sex education programs was due to both popularity and politics. Parents concerned about the ineffectiveness of the safe-sex message eagerly embraced the message of abstinence. And political funding helped spread the message and legitimize its educational value. The Adolescent Family Life Act, enacted in 1981 by the Reagan Administration, created Title XX and set aside \$2 million a year for the development and implementation of abstinence-based programs. Although the Clinton Administration later cut funding for abstinence programs, the earlier funding in the 1980s helped groups like Sex Respect and Teen-Aid launch abstinence programs in the schools.

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

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

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

A majority of teenagers are abstaining from sex; also more want help in staying sexually pure in a sex-saturated society. Emory University surveyed one thousand sexually experienced teen girls by asking them what they would like to learn to reduce teen pregnancy. Nearly 85 percent said, “How to say no without hurting the other person’s feelings.”

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

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

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

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

Third, abstinence prevents sexually transmitted diseases (STDs). After more than three decades, the sexual revolution has taken lots of prisoners. Before 1960, doctors were

concerned about only two STDs: syphilis and gonorrhea. Today there are more than twenty significant STDs, ranging from the relatively harmless to the fatal. Twelve million Americans are newly infected each year, and 63 percent of these new infections are in people under twenty-five years of age. Eighty percent of those infected with an STD have absolutely no symptoms.

Doctors warn that if a person has sexual intercourse with another individual, he or she is not only having sexual intercourse with that individual but with every person with whom that individual might have had intercourse for the last ten years and all the people with whom they had intercourse. If that is true, then consider the case of one sixteen-year-old girl who was responsible for 218 cases of gonorrhea and more than 300 cases of syphilis. According to the reporter, this illustrates the rampant transmission of STDs through multiple sex partners. "The girl has sex with sixteen men. Those men had sex with other people who had sex with other people. The number of contacts finally added up to 1,660." As one person interviewed in the story asked, "What if the girl had had AIDS instead of gonorrhea or syphilis? You probably would have had 1,000 dead people by now."

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

Fourth, abstinence prevents emotional scars. Abstinence speakers relate dozens and dozens of stories of young people who wish they had postponed sex until marriage. Sex is the most intimate form of bonding known to the human race, and it

is a special gift to be given to one's spouse. Unfortunately, too many throw it away and are later filled with feelings of regret.

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

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

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

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Best Way to Avoid AIDS: Know

Your Partner

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

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

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

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

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

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

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

These were marriage and family therapists, the "experts" who

advise others. Dr. Crenshaw admonished them, "It is irresponsible to give students, clients, patients advice that you would not live by yourself, because they may die by it."

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

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

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

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

One U. S. Food and Drug Administration study tested condoms in the laboratory for leakage of HIV-size particles. Almost 33

percent leaked. That's one in three.

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

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

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

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

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

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

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

At this season of the year, much attention is focused on a teacher from Nazareth, who said, "You shall know the truth,

and the truth shall make you free.” Could it be that the sexual practice that he and his followers advocated—sexual relations only in a monogamous marriage—is actually the safest, too? AIDS kills. Why gamble with a deadly disease?

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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.

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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.

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.
3. Joe S. McIlhaney, Jr., *Safe Sex* (Grand Rapids, Mich.: Baker Book House, 1991), p. 86.

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