

# Sex Education

Christians are increasingly confronted with arguments in favor of sex education in the public schools. Often the arguments sound reasonable until the scientific reports that advocate these programs are carefully analyzed. I am going to be discussing a number of these studies and will conclude by providing a biblical perspective on sex education.

I want to begin by looking at reports released by the Alan Guttmacher Institute, the research arm of Planned Parenthood. One of these reports was entitled, "Teenage Pregnancy in Developed Countries: Determinant and Policy Implications."

Alan Guttmacher was president of Planned Parenthood from 1962 until his death in 1974, so it is not surprising that the Guttmacher report supports the Planned Parenthood solution to teenage pregnancy. The Guttmacher report concludes that the adolescent pregnancy rate in the U.S. is the highest among developed nations and implies that this rate will decline if sex-education programs are instituted and contraceptive devices are made readily available.

There are a number of problems with the report, not the least of which is the close connection between the Guttmacher Institute and Planned Parenthood. But even if we ignore this policy-making symbiosis, we are still left with a number of scientific and social concerns.

First, the authors of the report selected countries that had lower adolescent pregnancy rates than the U.S. and looked at the availability of contraceptive devices. But what about countries like Japan, which has a very low teenage pregnancy rate but does not have a national sex-education program? Japan was excluded from the final "close" comparison of countries. In a footnote, Charles Westoff says that "conservative norms about early marriage and premarital sex may explain this

phenomenon better than the availability of fertility control.” So we are given only a selected look at developed countries; those with conservative morality (like Japan) were excluded.

Second, the researchers cite statistics that make a case for sex education but seemingly ignore other statistics of concern to society at large. For example, the Guttmacher report suggests we can learn a great deal from Sweden’s experience with sex education, which became compulsory in 1954. While it has a much lower teenage pregnancy rate than the U.S., Sweden has paid a heavy price for this rate. Here are a few crucial statistics that should have been cited along with the Guttmacher report.

From 1959 to 1964, the gonorrhea rate in Sweden increased by 75 percent, with 52 percent of the reported cases occurring among young people. Between 1963 and 1974, the number of divorces tripled and the number of people bothering to get married dropped 66 percent. By 1976, one in three children born in Sweden was illegitimate, despite the fact that half of all teenage pregnancies were aborted.

So while it is true that the teenage pregnancy rate in Sweden is down, the percentages of venereal disease, illegitimate births, and teenage disillusionment and suicide are up.

## **School-Based Health Clinics**

With more than one million teenage girls becoming pregnant each year, family-planning groups are pushing school-based health clinics (SBCs) as a means of stemming the rising tide of teenage pregnancy.

These groups argue that studies of teen sexuality demonstrate the effectiveness of these clinics. Yet a more careful evaluation of the statistics suggests that SBCs do not lower the teen pregnancy rate.

The dramatic increase in teen pregnancies has not been due to

a change in the teen pregnancy rate but rather to an increase in the proportion of teenage girls who are sexually active (28 percent in 1971, 42 percent in 1982). The approximately \$500 million in federal grants invested in sex-education programs since 1973 has not reduced the number of teen pregnancies. So proponents now argue that health clinics located in the public schools can reduce the rate of teen pregnancy by providing sex information and contraception.

The most oft-cited study involves the experience of the clinic at Mechanics Arts High School in St. Paul, Minnesota. Researchers found that a drop in the number of teen births during the late 1970s coincided with an increase in female participation at the SBCs. But three issues undermine the validity of the study.

First, the Support Center for School-Based Clinics acknowledges that "most of the evidence for the success of that program is based upon the clinic's own records and the staff's knowledge of births among students. Thus, the data undoubtedly do not include all births."

Second, an analysis of the data done by Michael Schwartz of the Free Congress Foundation revealed that the total female enrollment of the two schools included in the study dropped from 1268 in 1977 to 948 in 1979. The reduction in reported births, therefore, could be attributed to an overall decline in the female population.

Finally, the study shows a drop in the teen birth rate, not the teen pregnancy rate. The reduction in the fertility rate was probably due to more teenagers obtaining an abortion.

A more recent study cited by proponents of clinics is a three-year study headed by Dr. Laurie Zabin at Johns Hopkins University. She and her colleagues evaluated the effect of sex education on teenagers. Their study of two SBCs showed a 30 percent reduction in teen pregnancies.

But even this study leaves many unanswered questions. The size of the sample was small, and over 30 percent of the female sample dropped out between the first and last measurement periods. Moreover, the word abortion is never mentioned in the brief report, leading one to conclude that only live births were counted. On the other hand, an extensive national study done by the Institute for Research and Evaluation showed that community-based clinics used by teenagers actually increase teen pregnancy. A two-year study by Joseph Olsen and Stan Weed (*Family Perspective*, July 1986) found that teenage participation in these clinics lowered teen birth rates. But when pregnancies ending in miscarriage or abortion were factored in, the total teenpregnancy rates increased by as much as 120 pregnancies per 1000 clients. Olsen and Weed's research had been challenged because of their use of weighting techniques and reliance on statewide data. But when they reworked the data to answer these objections for a second report, the conclusion remained.

School-based health clinics are not the answer. They treat symptoms rather than problems by focusing on pregnancy rather than promiscuity. And even if we ignore the morality of handing out contraceptives to adolescents, we are left with a claim that cannot be substantiated.

## **Planned Parenthood**

Planned Parenthood has been running ads in newspapers around the country that adopt a lesson from George Orwell and engage in a heavy dose of "newspeak." One ad, for example, contains an impassioned plea for the continued legalization of abortion by defeating what they call "compulsory pregnancy laws."

I take it that by "compulsory pregnancy laws," they mean anti-abortion laws. But the ads seem to imply that the people who want to stop the killing of unborn babies are also bent on coercing women into getting pregnant. That is not what the ads really mean, but isn't it a bit odd to label laws against

abortion “compulsory pregnancy laws?”

Another ad carries the title, “Five Ways to Prevent Abortion (And One Way that Won’t).” According to the ad, outlawing abortion won’t stop abortions. But it will. While it may not stop all abortions, it certainly will curtail hundreds of thousands that are now routinely performed every year. And it will force many women who presently take abortion for granted to consider what they are doing.

But what are some of the ways Planned Parenthood suggests will stop abortion? One of their proposals is to “make contraception more easily available.” The ad states that, since the early 1970s, Title X for national family planning has been supported by all administrations except the Reagan and Bush administrations. The ad therefore encourages readers to lobby for increased funding of Title X.

By the way, Planned Parenthood has been the largest recipient of Title X grants. In other words, the solution to abortion requires we give more of our tax dollars to Planned Parenthood.

Foundational to this proposal is a flawed view of teenage sexuality that sees cause-and-effect in reverse order. Accepting a distorted fatalism that assumes teenage promiscuity as inevitable, Planned Parenthood calls for easy access to birth control. But isn’t it more likely that easy access to contraceptives encourages easy sex? Another proposal listed in the ad is to “provide young people with a better teacher than experience.” As commendable as that suggestion may sound, what is really being proposed is increased funding for sex-education courses in public schools and the community. Again, notice the presupposition of this proposal. The ad writers assume promiscuity and propose further sex education in order to prevent pregnancy. The emphasis is on preventing pregnancy, not preventing sexual intercourse.

Hasn't Planned Parenthood ignored a better option? Isn't chastity still the most effective means of preventing pregnancy as well as a multitude of sexual diseases? Shouldn't we be encouraging our young people to refrain from sex before marriage? Shouldn't we teach children that premarital sex is immoral?

Arguments for sex education frequently ignore the reality of human sinfulness. We simply cannot teach sexuality in the schools and expect sexual purity unless we also teach moral principles. The greatest problem among young people today is not a lack of education, but a lack of moral instruction.

## **Parental Notification**

Next I want to focus on state laws that require parental notification when minor children are given prescription birth-control drugs and devices.

Opponents refer to these requirements as "squeal rules" and denounce them as an invasion of privacy. This reaction illustrates how far our society has deviated from biblical morality.

High-school students must routinely obtain parental consent in order to go on field trips, participate in athletics, or take driver's education classes. Many school districts even require parental consent before a student can take a sex-education class. But opponents of parental notification believe these regulations constitute an invasion of privacy.

Critics argue that such regulations will not change the sexual mores of our teenagers. Perhaps not, but they do encourage parental involvement and instruction in the area of sexual morality. The moral burden is placed upon the parent rather than the family- planning clinic.

Without such rules, government ends up subverting the parent's role. Each year taxpayers subsidize thousands of family-

planning clinics that provide medical treatment and moral counsel, yet balk at these meager attempts to inform parents of their involvement with their children.

Ultimately, who has authority over teenagers: the clinics or the parents? Opponents of these “squeal rules” would have you believe that these clinics (and ultimately the government) are sovereign over teenagers. But parents are not only morally but legally responsible for their children and should be notified of birth- control drugs and devices dispensed to teenagers.

But even more important than the question of authority is the question of morality. Premarital sex is immoral. Just because many teenagers engage in it does not make it right. Statistics are not the same as ethics, even though many people seem to have adopted a “Gallup poll” philosophy of morality.

Critics of the squeal rule believe government should be neutral. They argue that government’s responsibility does not include “squealing” to teenagers’ parents. But in this situation an amoral stance is nothing more than an immoral stance. By seeking to be amoral, government provides a tacit endorsement of immorality. Secretly supplying contraceptives through government-subsidized clinics will not discourage premarital sex. It will encourage teenage sexual promiscuity.

Again, critics of the squeal rule see cause-and-effect acting in only one direction. They contend that the fact of sexually active teenagers requires birth control clinics. But isn’t the reverse more accurate? The existence of birth control clinics, along with the proliferation of sex-education courses, no doubt contributes to teenage promiscuity.

Experience with these rules shows that parental notification will increase parental involvement and thus reduce teenage pregnancy and abortion. Parents should not be denied the opportunity to warn their children about the medical, social, and moral effects of premarital sex.

Make no mistake—parental notification laws will not stop teenage promiscuity; secrecy, however, will do nothing but ignite it.

## **A Biblical Perspective**

I would like to conclude with a biblical discussion of sex education. As Christians, we need to understand the basic assumptions behind the movement to place sex-education programs and clinics in public schools.

Proponents of sex education often make naturalistic assumptions about human sexuality. They tend to argue as if young people were animals in heat who are going to have sexual relations despite what is taught at home, in church, and in school. The Bible clearly teaches that we are created in the image of God and have the capacity to make choices and exercise self-control. Sex-education advocates would have us believe that young people cannot exercise sexual control; thus we must capitulate to the teenager's sexual urges.

A second false assumption is the tendency of sex-education programs to ignore human sinfulness. Although we are created in the image of God, we all are born with a sin nature. Frequently, sex education panders to that fallen nature.

We cannot teach sexuality and expect sexual purity without also teaching moral principles. Most sex-education programs present data in a so-called value neutral way. But, in trying to be amoral, these programs become immoral. Human sexuality must be related to moral values. Young people need information about sex, but it must be placed in a moral context. The greatest problem among young people today is not a lack of education about sex, but a lack of moral instruction about sex.

I believe we are involved in a moral civil war over teenage sexuality. Here is how we lost a number of battles. First, the



old morality was declared passe. The sexual revolution in the 1960s made words like virginity, celibacy, purity, and chastity seem out of date. In previous generations, peer pressure kept young people from sex; today, peer pressure pushes them into it.

We lost a second battle when we turned sexuality over to scientists and took it away from moralists and theologians. Alfred Kinsey's studies "Sexual Behavior in the Human Male" (1948) and "Sexual Behavior in the Human Female" (1953) presented comprehensive statistics, but no moral reflection. Today, discussions about sex are supposed to be done in value-neutral settings. Inevitably, demographics determine morality.

What is the solution? Christians must reassert their parental authority and instruct their children about God's view of sex. We must teach them to flee fornication just as Joseph did in the Old Testament. We must teach them to avoid temptation by making no provision for the flesh. We must teach them to exercise self-control in every area of their lives, including the sexual. In other words, we must educate them about the dangers of premarital sex and the wisdom of obeying God's commands regarding human sexuality. Instead of capitulating to teenager's sexual urges, as sex-education advocates want us to do, we should provide them with biblical principles and moral leadership in the area of sexuality.

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**Condoms, Clinics, or**

# Abstinence

## Introduction

For more than thirty years proponents of comprehensive sex education have argued that giving sexual information to young children and adolescents will reduce the number of unplanned pregnancies and sexually transmitted diseases.

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

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

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

Second, children are sexually miseducated. Parents, to put it simply, have not done their job, so we need "professionals" to do it right. Third, if miseducation is the problem, then sex education in the schools is the solution. Parents are failing miserably at the task, so "it is time to turn the job over to the schools. Schools occupy a safe middle ground between Mom and MTV."

*Learning about Family Life* is the curriculum used in New Jersey. While it discusses such things as sexual desire, AIDS, divorce, and condoms, it nearly ignores such issues as abstinence, marriage, self-control, and virginity.

Whitehead concludes that comprehensive sex education has been a failure. For example, the ratio of teenage births to unwed mothers was 67 percent in 1980 and rose to 84 percent in 1991. In the place of this failed curriculum, Whitehead describes a better program. She found that “sex education works best when it combines clear messages about behavior with strong moral and logistical support for the behavior sought.”

One example she cites is the Postponing Sexual Involvement program at Grady Memorial Hospital in Atlanta, Georgia, which offers more than a “Just say no” message. It reinforces the message by having adolescents practice the desired behavior and enlists the aid of older teenagers to teach younger teenagers how to resist sexual advances. Whitehead also found that “religiously observant teens” are less likely to experiment sexually, thus providing an opportunity for church-related programs to help stem the tide of teenage pregnancy.

## **Condoms**

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

For example, Texas researcher Susan Weller, writing in the journal *Social Science Medicine*, evaluated all research published on condom effectiveness. She reported that condoms are only 87 percent effective in preventing pregnancy and 69 percent effective in reducing the risk of HIV infection. This 69 percent effectiveness rate is also the same as a 31 percent failure rate in preventing AIDS transmission.

To be effective, condoms must be used “correctly and consistently.” Most individuals, however, do not use them “correctly and consistently” and thus get pregnant and get sexually transmitted diseases.

Contrary to claims by sex educators, condom education does not significantly change sexual behavior. An article in the *American Journal of Public Health* stated that a year-long effort at condom education in San Francisco schools resulted in only 8 percent of the boys and 2 percent of the girls using condoms every time they had sex.

Even when sexual partners use condoms, sometimes condoms fail. Most consumers do not know that the FDA quality-control standards allow for a maximum failure rate of four per 1,000 using a water fill test. And even if condoms are used correctly, do not break, and do not leak, they are still far from 100 percent effective. The Medical Institute for Sexual Health reported that “medical studies confirm that condoms do not offer much, if any, protection in the transmission of chlamydia and human papillomavirus, two serious STDs with prevalence as high as 40 percent among sexually active teenagers.”

Nevertheless, condoms have become the centerpiece of U.S. AIDS policy and the major recommendation of most sex education classes in America. Many sex educators have stopped calling their curricula “safe sex” and have renamed them “safer sex”—focusing instead on various risk reduction methods. But is this false sense of security and protection actually increasing the risks young people face?

If kids buy the notion that if they just use condoms they will be safe from AIDS or any other sexually transmitted disease whenever they have sex, they are being seriously misled. They should be correctly informed that having sex with any partner having the AIDS virus is life-threatening, condoms or no condoms. It would be analogous to playing Russian roulette

with two bullets in your six chambers. Using condoms removes only one of the bullets. The gun still remains deadly with the potential of a lethal outcome.

## **School-based Health Clinics**

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

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

First, some of the statistics are anecdotal rather than statistical. School officials admitted that the schools could not document the decrease in pregnancies. Second, the total female enrollment of the two schools included in the study dropped significantly. Third, the study actually shows a drop in the teen birth rate rather than the teen pregnancy rate. The reduction in the fertility rate listed in the study was likely due to more teenagers obtaining an abortion.

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

But even this study leaves many unanswered questions. The size

of the sample was small and over 30 percent of the female sample dropped out between the first and last measurement periods. Critics point out that some of girls who dropped out of the study may have dropped out of school because they were pregnant. Other researchers point out that the word *abortion* is never mentioned in the brief report, leading them to conclude that only live births were counted.

On the other hand, an extensive, national study done by the Institute for Research and Evaluation shows that community-based clinics used by teenagers actually increase teen pregnancy. A two- year study by Joseph Olsen and Stan Weed found that teenage participation in these clinics lowered teen birth rates. But when pregnancies ending in miscarriage or abortion were factored in, the total teen pregnancy rates increased by as much as 120 pregnancies per one thousand clients.

Douglas Kirby, former director of the Center for Population Options, had to admit the following: “We have been engaged in a research project for several years on the impact of school-based clinics. . . . We find basically that there is no measurable impact upon the use of birth control, not upon pregnancy rates or birth rates.”

## **Sex Education Programs**

As we’ve seen, the evidence indicates that the so-called “solution” provided by sex educators can actually make problems worse.

The problem is simple: education is not the answer. Teaching comprehensive sex education, distributing condoms, and establishing school-based clinics is not effective. When your audience is impressionable teens entering puberty, explicit sex education does more to entice than educate. Teaching them the “facts” about sex without providing any moral framework merely breaks down mental barriers of shame and innocence and

encourages teens to experiment sexually.

A Louis Harris poll conducted for Planned Parenthood found that the highest rates of teen sexual activity were among those who had comprehensive sex education, as opposed to those who had less. In the 1980s, a Congressional study found that a decade-and-a-half of comprehensive, safe sex education resulted in a doubling in the number of sexually active teenage women.

Our society today is filled with teenagers and young adults who know a lot about human sexuality. It is probably fair to say that they know more about sex than any generation that has preceded them, but education is not enough. Sex education can increase the knowledge students have about sexuality, but it does not necessarily affect their values or behavior. Since 1970 the federal government has spent nearly \$3 billion on Title X sex education programs. During that period of time nonmarital teen births increased 61 percent and nonmarital pregnancy rates (fifteen-to-nineteen-year-olds) increased 87 percent.

Douglas Kirby wrote these disturbing observations in the *Journal of School Health*:

*"Past studies of sex education suggest several conclusions. They indicate that sex education programs can increase knowledge, but they also indicate that most programs have relatively little impact on values, particularly values regarding one's personal behavior. They also indicate that programs do not affect the incidence of sexual activity. According to one study, sex education programs may increase the use of birth control among some groups, but not among others. Results from another study indicate they have no measurable impact on the use of birth control. According to one study, they are associated with lower pregnancy rates, while another study indicates they are not. Programs certainly do not appear to have as dramatic an impact on*

*behavior as professionals once has hoped.”*

So, if sex education is not the solution, what is? Let's look at the benefits of abstinence and the abstinence message in the schools.

## **Abstinence**

Less than a decade ago an abstinence-only program was rare in the public schools. Today, directive abstinence programs can be found in many school districts while battles are fought in other school districts for their inclusion or removal. While proponents of abstinence programs run for school board or influence existing school board members, groups like Planned Parenthood bring lawsuits against districts that use abstinence-based curricula, arguing that they are inaccurate or incomplete.

The emergence of abstinence-only programs as an alternative to comprehensive sex education programs was due to both popularity and politics. Parents concerned about the ineffectiveness of the safe- sex message eagerly embraced the message of abstinence. And political funding helped spread the message and legitimize its educational value.

Parents and children have embraced the abstinence message in significant numbers. One national poll by the University of Chicago found that 68 percent of adults surveyed said premarital sex among teenagers is “always wrong.” A poll for *USA Weekend* found that 72 percent of the teens and 78 percent of the adults said they agree with the pro-abstinence message.

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

First, teenagers want to learn about abstinence. Contrary to



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

Second, abstinence prevents pregnancy. Proponents of abstinence- only programs argue that abstinence will significantly lower the teenage pregnancy rate, and they cited numerous anecdotes and statistics to make their case.

Third, abstinence prevents sexually transmitted diseases. After more than three decades the sexual revolution has taken lots of prisoners. Before 1960, doctors were concerned about only two STDs: syphilis and gonorrhea. Today there are more than twenty significant STDs ranging from the relatively harmless to the fatal.

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

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

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