



# TAKE TWELVE

the truth behind 12 of the most common arguments made by powerful "safe-sex" organizations against the abstinence-until-marriage message.

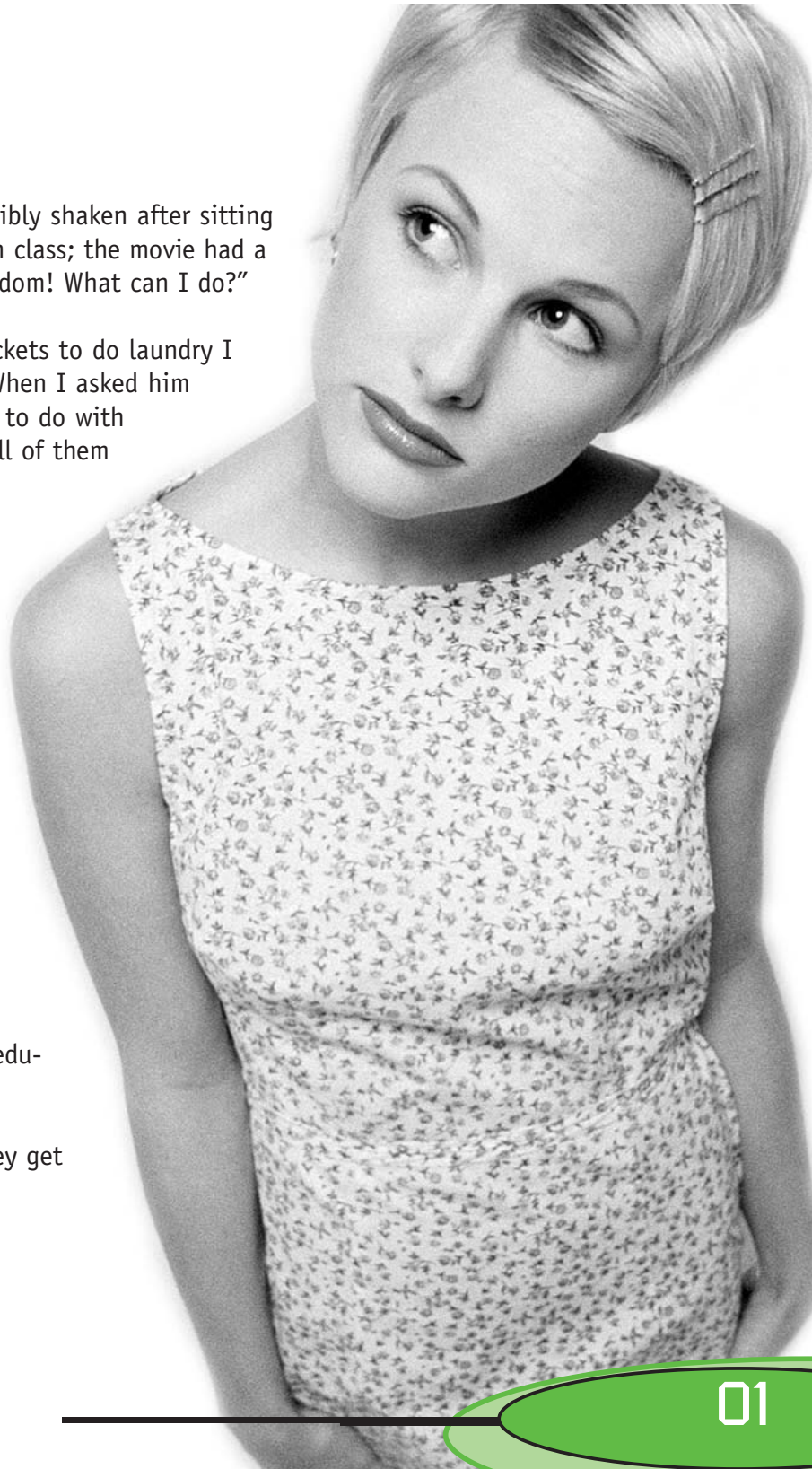
## PARENTS: “HELP!”

- “My 16-year-old daughter came home visibly shaken after sitting through a film in her co-ed sex-education class; the movie had a graphic scene of a man putting on a condom! What can I do?”
- “As I was emptying my 17-year-old’s pockets to do laundry I found several condoms. I was shocked. When I asked him where he got them and what he planned to do with them, he answered, ‘There are baskets full of them in every restroom at school. Our sex-ed teacher told us to be sure and take some—just in case.’ We don’t believe our son should have any need for condoms. What is the school doing to our children?”

At Focus on the Family, we get many calls similar to those above from concerned parents who are alarmed about the assault (actually a sneak attack) on their kids’ morals. “What can we do?” they ask.

They want to know:

- “Are we overreacting?”
- “What will this new ‘comprehensive sex-education’ program teach our kids?”
- “Who are these people and where did they get this garbage they’re teaching our kids?”



## SCHOOL BOARDS AND LEGISLATORS: DO THEY HAVE ALL THE FACTS?

When parents bring their concerns about school sex-ed programs to their local school boards and legislators, those policy-makers often don't know a lot about what is being taught in those programs, and very often the only information they have has come from groups that support condom-distribution programs. Many policy-makers are unaware that there are inconsistencies and verifiable flaws in many of the explicit sex-ed programs parents are concerned about.

This booklet will expose 12 common myths about sex education and the abstinence movement; and it will help parents and policy-makers to counter those myths with documented facts and well-reasoned arguments.

### *WHAT IS THIS SAFE-SEX ALLIANCE AND WHAT DOES IT DO?*

*Over the last few decades a coalition of liberal sex-education groups—a Safe-sex Alliance—has formed with the intention of teaching young people that sex—any sex as long as it's consensual and protected from unwanted pregnancies and relatively safe from infection by sexually transmitted diseases—is a good thing. (Please note that most of those at the volunteer level of the Alliance have the best intentions, but good intentions provide no better protection from the hazards of casual sex than the methods of protection offered by the Alliance.)*

*Some of the “safe-sex” groups are very closely aligned to one another; others are loosely knit, but all of them seem to have a common agenda—to “free” people from “outdated” sexual mores, especially from restricting sex to monogamous (one man, one woman) marriage.*

## WHAT IS THE ALLIANCE'S PURPOSE?

The stated purpose, the one most often cited—and the one most of those at the grassroots level really want to achieve—is to “protect children from unwanted pregnancies and from sexually transmitted diseases.” We don't have to scratch too far below the surface, however, to discover that this magnanimous claim is a branch grafted into a family tree that has far less noble roots. The Alliance's evolution began with Planned Parenthood founder Margaret Sanger and her radical views about sex.

But Alfred C. Kinsey, sex-habit “researcher,” and his “studies” on human sexuality, published in the late 1940s, really ignited the fires. (In his biography *Alfred C. Kinsey: A Public/Private Life*, author James H. Jones indisputably revealed Kinsey as a homosexual sado-masochist bent on fomenting a sexual revolution.<sup>1</sup>) After Kinsey’s masochistic excesses brought about his early death at age 62, his associates, including Wardell Pomeroy (who has been recorded making positive statements about adultery, homosexuality, pedophilia and bestiality), proudly carried on the tradition.

## WHO ARE THE ALLIANCE MEMBERS?

While many agencies together loosely form the Safe-sex Alliance, the Sex Information and Education Council of the United States (SIECUS) is the vanguard institution of the movement.

In 1964, Alfred Kinsey’s successors at Indiana University’s Kinsey Institute gave birth to the Sex Information and Education Council of the United States (SIECUS). John Gagnon served as a research sociologist at the Kinsey Institute for 15 years before joining SIECUS’ ranks. Wardell Pomeroy was one of Kinsey’s closest associates before helping to found SIECUS and serving as its director.



***THE ALLIANCE’S FIRST GOAL IS PATTERNED AFTER ITS FOUNDERS’ DRIVING AMBITION—ABSOLUTE SEXUAL AUTONOMY, WITHOUT REGARD FOR THE NUCLEAR FAMILY.***

*The Alliance’s vision for the United States includes the following:*

- *Beginning in kindergarten, children should be taught explicit information about sexual matters.*
- *Adults should prepare kids to have sex, rather than prevent them from having sex.*
- *Adolescents should have access to pornography.*
- *Sex education and discussion about teen sexual activity should be value free and void of discussion about morality and virtue.*
- *Condoms should be readily available and accessible in middle schools and high schools.*
- *All abstinence-until-marriage programs should be eliminated from public schools.*
- *Parents should not be included in decisions about contraceptive and abortion services provided to their adolescent children.*
- *A national socialized medical system should pay for all abortion and contraceptive services.*

***The Alliance’s second goal is hidden in plain sight. It wants to protect its monopoly of federal funds for school sex-education programs—it’s about money and power.***

This is the same Wardell Pomeroy who has served on the Board of Consultants for the pornographic magazine *Penthouse Forum Variations* and whose article titled "A New Look at Incest" for a 1977 issue of that same *Penthouse* magazine favorably reviewed sexual relations between adults and children. Pomeroy wrote: "Incest can be a satisfying, non-threatening and even an enriching emotional experience."<sup>2</sup>

In spite of the documented fact that Pomeroy practiced much of the depraved sexual behavior he advocated, he is still one of the most highly cited "authorities" in the field of human sexuality.

Mary Calderone, another SIECUS founder, had worked with Planned Parenthood of America. Calderone wrote that human sexuality should be taught "with awareness of infant and childhood sexuality."<sup>3</sup> And, she wrote, "It is not that it [pedophilia] is a bad thing or a wicked thing, it just simply should not be part of life in general, right out on the sidewalk."<sup>4</sup>

In 1980, SIECUS published a report titled "Attacking the Last Taboo," which stated, "We are roughly in the same position today regarding incest as we were a hundred years ago with respect to our fears of masturbation."

Apparently, "Attacking the Last Taboo" was so blatant that an article in the April 14, 1980, issue of *Time* magazine concluded that SIECUS was part of a "lobby against the [incest] taboo."<sup>5</sup> SIECUS' Web page proclaims, "SIECUS has been at the forefront of promoting sexuality education for people of all ages and protecting the right of individuals to make responsible sexual choices." But this same organization also has advocated that children as young as age 5 should be taught about masturbation, that children ages 12 to 15 should be taught about mutual masturbation and oral sex, and that adolescents should have unrestricted access to pornography and contraceptives.<sup>6</sup> These are among the "responsible sexual choices" that SIECUS promotes.

In the September/October 1998 SIECUS Report, SIECUS President Debra Haffner wrote the following: "Flirting, dancing . . . undressing each other, masturbation in front of a partner, mutual masturbation [referring to these practices as "healthy alternatives" and calling them "outercourse."] . . . Teens could surely come up with their own list of activities."<sup>7</sup> And thanks to annual grants from the Centers for Disease Control and Prevention (CDC) for school sex education, SIECUS is well-funded in its promotion of these "responsible choices" and activities to our children.<sup>8</sup> Yet, from a public health perspective, many concerned physicians are alarmed at these dangerous messages.



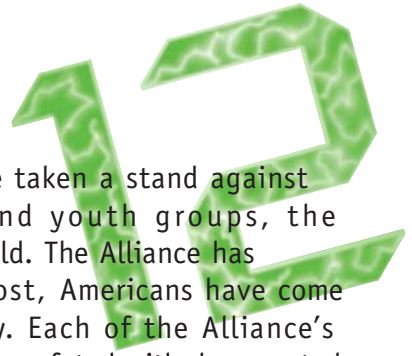
## ***TITLE X, TITLE V AND FEDERAL FUNDING***

*In 1970, Title X of the Public Health Service Act (P.L.910572) created the National Family Planning Program to provide funding for comprehensive family planning services. In 2002, federal funds allocated to Title X totaled \$265 million.<sup>9</sup> But Title X represents only a portion of federal taxpayer funding for contraception-based programs. In 2002, federal funding for all contraceptive-based pregnancy-prevention programs totaled more than \$1.6 billion.<sup>10</sup> Virtually all of those funds went to programs that promote the Alliance's radical, liberal ideology. After 30 years and billions of dollars in federal taxpayer family planning funding, the Alliance had a philosophical monopoly in most government and public health sectors of society.*

*In 1996, Congress determined that a change was needed in the area of sex education. Three decades of increased family planning spending and rising teen pregnancy rates persuaded Congress to allocate \$250 million for five years—\$50 million per year—under Title V of the Welfare Reform Act. That money would go specifically toward programs that promote abstinence-until-marriage education. Programs applying for the money would have to uphold a number of strict criteria in order to meet congressional intent for abstinence education.*

*Threatened by the fact that a philosophy other than its own was receiving federal funds, the Alliance protested vigorously. Consequently, the Alliance is doing its level best by lobbying Congress, running newspaper ads, trying to infiltrate the Title V process and disseminating the 12 distortions outlined in this report in order to discredit the abstinence message and promote the “safe-sex” message.*

# THE TOP DOZEN DISTORTIONS



Over the years, as concerned parents and family-friendly groups have taken a stand against the push to get condom-based “safe-sex” programs into schools and youth groups, the Alliance has had to craft new arguments in order to expand its foothold. The Alliance has repeated the arguments so often and so loudly that many, if not most, Americans have come to believe them. But their arguments simply do not stand up to scrutiny. Each of the Alliance’s 12 most commonly cited arguments is listed below—and all of them are refuted with documented evidence.

## Distortion #1: All teens are sexually active.

If the Alliance can convince the public that all, or nearly all, teens “are doing it,” then it’s just one small step to convincing us of the need to provide “comprehensive sex education” and contraceptives—especially condoms—to all teens as the best method for protecting them from pregnancies and STDs. The chart below, however, reveals a different story.

Teen Sexual Behavior (grades 9 – 12)	
Never had sex	54.4%
Currently sexually active	33.4%
Currently abstinent	66.6%

Source: *Youth Risk Behavior Surveillance, Morbidity and Mortality Weekly Report*, CDC, Vol. 52, No. SS-4, June 28, 2002<sup>11</sup>



## *The Cultural Message on Risk Behaviors*

The Safe-sex Alliance claims that the vast majority of America's young people are unable to abstain from sex. So, because they cannot avoid the risk by abstaining, adults need to help them by providing the best risk-reduction measures. And these measures are based on providing access to condoms and (often graphic) instruction in how to use them.

This risk-reduction strategy is inconsistent with the message that the medical community and the public in general present to youth regarding other high-risk behaviors. Approximately the same proportion of teens who are sexually active are also involved in other risk behaviors.



## *NOT ALL TEENS "ARE DOING IT."*

*The truth is, more than half of all high school students have never engaged in sexual activity, and nearly four in 10 teens will graduate from high school as virgins.*

*In fact, only about 33 percent are sexually active ongoing. An April 27, 2000, news release from the National Campaign to Prevent Teen Pregnancy was honest enough to publish these survey results: "Nearly six of 10 teens do not think that it is acceptable for high school-age teens to be sexually active even if they take precautions to prevent pregnancy and sexually transmitted diseases. . . . More than 93 percent of teens also think it is important for teens to be given a strong message from society that they should abstain from sex until they are at least out of high school."<sup>12</sup> The Alliance's contention that "all or most teens are sexually active" does not stand up to a critical review of the data—even from its own surveys.*

### Comparison of Teen Sexual Behavior to Other Risk Behaviors (grades 9 – 12)

Sexually active	past 30 days (rate)	33.4%
Rode with driver who had been drinking	past 3 months (rate)	30.7%
In a physical fight	past year (rate)	33.2%
Current cigarette use	past 30 days (rate)	28.5%
Marijuana use	past 30 days (rate)	23.9%
Alcohol use	past 30 days (rate)	47.1%
Episodic heavy drinking	past 30 days (rate)	29.9%

Source: *Youth Risk Behavior Surveillance, Morbidity and Mortality Weekly Report*, CDC, Vol. 52, No. SS-4, June 28, 2002<sup>13</sup>

From tobacco, alcohol and drug use to fighting, gun use and drunk driving, the prevailing message is, “don’t do it”—*avoid or eliminate the risk*. But when it comes to sex and all the potential dangers that accompany it, the message is, “Use condoms to *reduce your risk* of unwanted pregnancies and sexually transmitted diseases.” A risk-reduction message is inconsistent with the longstanding primary-prevention medical model. This proves that the promotion of “safe sex” in our schools is driven by a radical philosophy, not by medical or scientific reasons.



## **Distortion #2: The current downward trend in the teen birthrate is 80 percent due to contraceptive use and 20 percent due to abstinence.**

The birthrate to teens experienced a significant decline during the 1990s. The Alliance has stated that credit for the decline should go to its promotion of condoms and condom-use education. If the Alliance can persuade policy-makers that most of the success for the declining birthrate should be credited to increased contraceptive use, it will have a good argument for restricting or abolishing financial support for abstinence-focused programs and be able to regain its monopoly of federal funding for sex-ed programs. Thus began the “80/20” myth.

Although the October 1998 Guttmacher Report quoted Child Trend’s Kristen Moore saying, “I don’t know of any honest researcher who will be able to answer your question [about what is driving the declines],”<sup>14</sup> the Alliance continues to perpetuate this 80/20 fable. Alan Guttmacher Institute Vice President Dr. Jacqueline Derroch stated, “About 20 percent of the decrease since the late 1980s is because of decreased sexual activity, and 80 percent of the decrease is because of more effective contraceptive use.”<sup>15</sup>

However, The Consortium of State Physicians Resource Councils—an independent group of more than 2,000 physicians dedicated to bringing accuracy into discussions regarding public health issues—came to a clear conclusion. The Consortium found different reasons for the decline in the teen birthrate. According to a 1999 report commissioned by The Consortium, the rate of teen use of all forms of contraception did not increase, even when adjusted for method effectiveness. The increase in condom use was fully offset by a decrease in the use of oral and implantable contraception. The Consortium concluded, “The evidence points to sexual abstinence, not increased contraceptive use, as the primary reason for the decline in teen pregnancy and birthrates throughout the 1990s.”



Further, The Consortium found that even the overall trend in the teen birthrate was deceptive. While the birthrate to *all teen* girls has declined during the 1990s, the birthrate to *non-married teens* continued to skyrocket. In fact, according to The Consortium, the non-marital birthrate per thousand among sexually active teenage girls increased by 31.2 percent from 1988 to 1995, despite a 33 percent increase in condom use by the same cohort. The Consortium added: "Obviously, programs in safer-sex education and condom distribution have not reduced out-of-wedlock birthrates among sexually active teens." The Alliance has attacked The Consortium's findings on the basis of marginal technicalities, but has not been able to successfully challenge The Consortium's core conclusions.

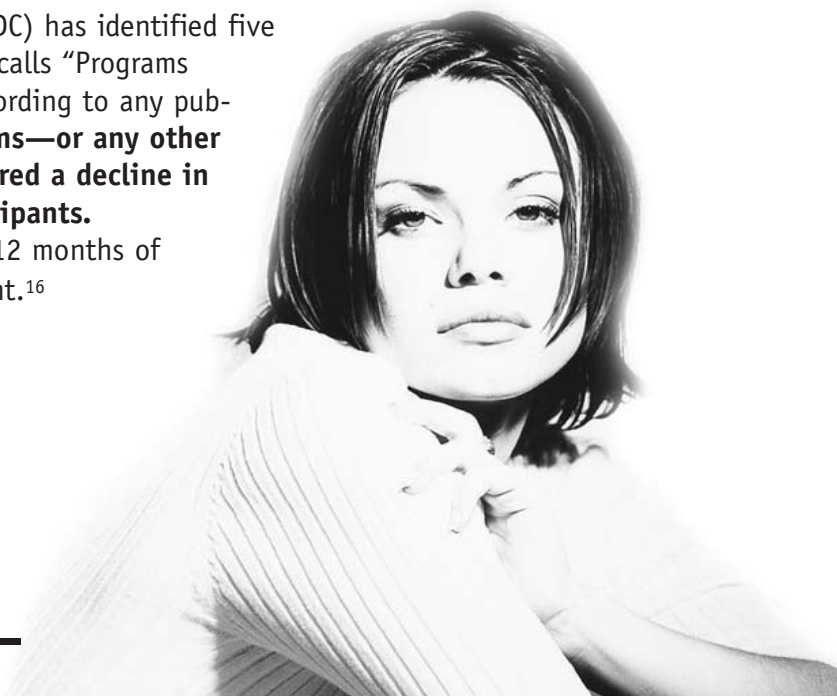
### **Distortion #3: Condoms protect against unintended pregnancies and sexually transmitted diseases.**

The Alliance's purpose in propagating this distortion is simple: it wants to keep the sexual revolution healthy and alive. If the public at large can be convinced that condoms offer certain—or nearly certain—protection from pregnancies and STDs, then the Alliance can argue that the only thing holding people back from free sexual expression is outdated, irrelevant religious restrictions. The problem is that while they're keeping the sexual revolution healthy and alive, kids are unnecessarily contracting health-destroying and deadly STDs. So how effective are condoms?

#### ***Effectiveness Against Pregnancy***

The Centers for Disease Control and Prevention (CDC) has identified five of the "best" safe-sex curricula in an initiative it calls "Programs That Work." But do these programs work? Not according to any published research. **Not one of these "best" programs—or any other "comprehensive safe-sex" program—has measured a decline in the non-marital birthrate among its teen participants.**

Additionally, condom failure rate during the first 12 months of use among teen females is as high as 22.5 percent.<sup>16</sup>



## ***Sexually Transmitted Diseases***

According to the CDC, condoms must be used *consistently* in order for them to be effective. And, according to the CDC, “Consistently means using a condom every time you have sex—100 percent of the time—no exceptions.” Furthermore, when “[u]sed inconsistently, condoms offer little more protection than when they are not used at all.” One study found that only about 13 percent of people *always* use condoms.<sup>17</sup>

Even for those who use condoms properly every time they engage in intercourse, condoms are not foolproof. A study published in *Family Planning Perspectives* found that “Generally, the condom’s effectiveness at preventing HIV transmission is estimated to be 87 percent, but it may be as low as 60 percent or as high as 96 percent.”<sup>18</sup> That is a legitimate improvement over unprotected sex; but when it comes to the possibility of contracting a hideous and deadly disease, do parents want their children to have a reduced risk, or do they want to *eliminate the risk*?

While contraceptives have proven to have some success against HIV/AIDS, their effectiveness against other STDs is much worse. The National Cancer Institute, a division of the CDC, has concluded that, “Condoms are ineffective against HPV (human papillomavirus). . . . Additional research efforts by NCI on the effectiveness of condoms in preventing HPV transmission are not warranted.”<sup>19</sup> In fact, 20 million women currently are infected with HPV, another 80 million have been infected in the past and more than five million contract the disease each year. According to Dr. Ronald Valdiserri, deputy director of the CDC, in testimony before Congress, “[h]aving HPV seems to be necessary for developing cervical cancer.”<sup>20</sup>

## ***ARE CONDOMS 98 PERCENT EFFECTIVE?***

*Although the condom industry claims a 98 percent effectiveness rate for condoms, the fine print has to admit that this rate is for laboratory tests, not for actual use by teenage humans. In fact, one prominent study of adult condom users found that “in the last month [of the study], 33 percent of consistent [condom] users were potentially exposed to risks of infection and pregnancy during condom use [due to condom failure].”<sup>21</sup> And adults are considered to be more responsible users of condoms than are teenagers.*

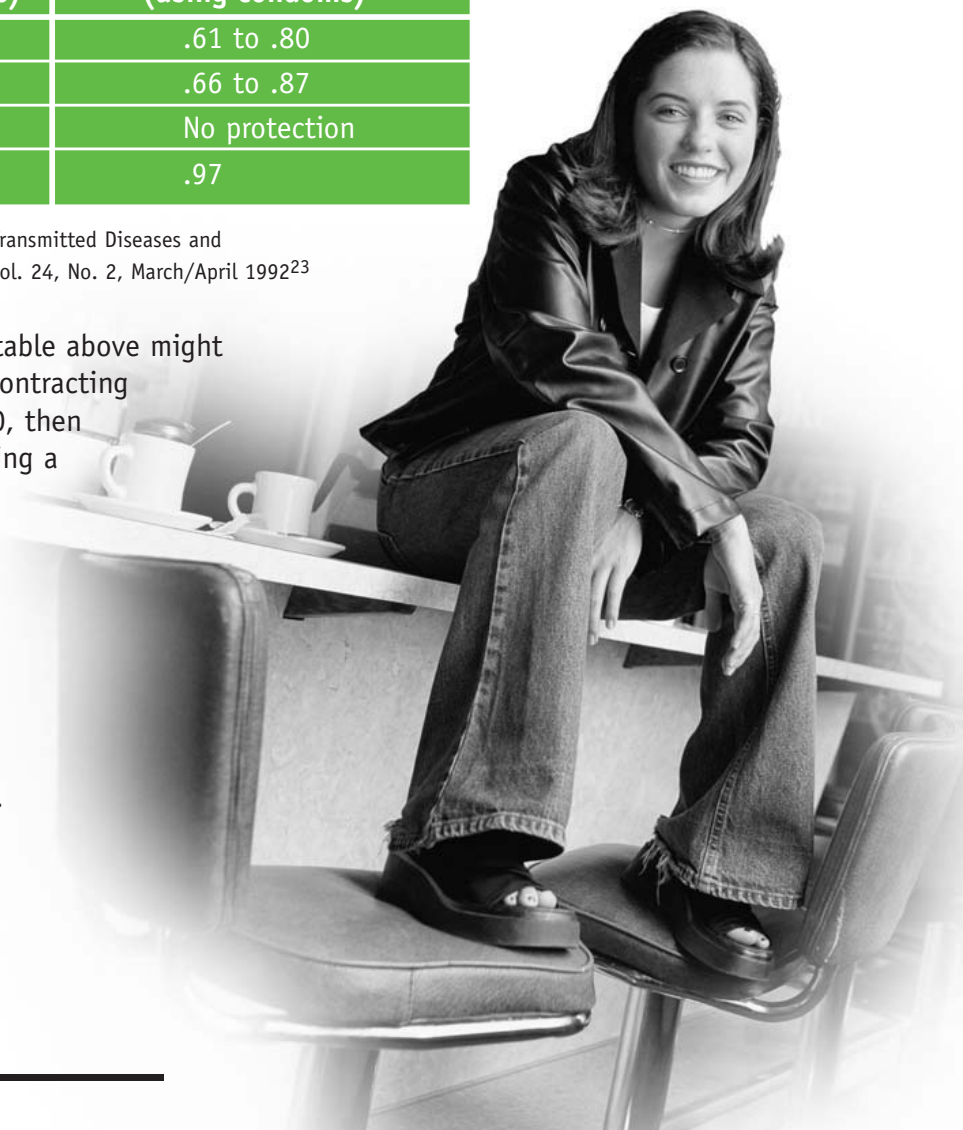
Condoms have also been shown to be only marginally effective against chlamydia and herpes simplex 2 (HSV2). Between 31 and 50 million Americans have HSV2 (depending on which study you accept), and three to four million Americans contract chlamydia each year.<sup>22</sup> Notably, chlamydia, HSV2 and HPV—the three STDs against which condoms are least effective—have become the three most prevalent STDs.

A number of medical studies have determined the level of protection against STD infections for women using condoms compared to not using condoms. The table below shows the results of these studies on females.

STD	Relative Risk	
	(not using condoms)	(using condoms)
Herpes 2	1.0	.61 to .80
Gonorrhea	1.0	.66 to .87
HPV	1.0	No protection
Chlamydia	1.0	.97

Source: Cates and Stone, "Family Planning, Sexually Transmitted Diseases and Contraceptive Choice," *Family Planning Perspectives*, Vol. 24, No. 2, March/April 1992<sup>23</sup>

An explanation of the numbers in the table above might be useful. If, for example, the risk of contracting herpes when not using a condom is 1.0, then the risk of contracting herpes when using a condom is .61 to .80. This means that condoms reduce the risk of contracting herpes by 20 percent to 39 percent compared to having sex without using condoms. This is a far cry from the "98 percent protection" the Alliance advertises. Why doesn't the Alliance tell the truth? The issues are money and sustaining an ideological agenda.



## Distortion #4: Abstinence programs narrowly focus on one message, while comprehensive sex-ed programs are “multi-faceted” in their approach to reaching youth.

This argument goes back to the game of labeling abstinence programs as simplistic “just-say-no” plans. The irony in this is that the CDC’s “Programs That Work” curricula focus on just *one message*: “safe sex”—how to use and negotiate the use of condoms. For example, the *Be Proud! Be Responsible!* program is based on eight “principles.” The first two principles relate teens’ vulnerability to and consequences of HIV. The remaining six principles are all about the use of condoms to reduce those risks of vulnerability and consequences. Those six principles include:

- “Prevention beliefs”
- “Hedonistic beliefs”
- “Self-efficacy; condom skill”
- “Self-efficacy; negotiation” (that is, of condom use)
- “Self-efficacy; self-control” (which is about the dangers of mixing alcohol or drugs with sex)
- “Self-efficacy; self-control” (this one is about waiting until a condom is available)

Another popular “safe-sex” program called *Becoming a Responsible Teen* (BART) consists of eight sessions. The first session teaches facts about HIV and AIDS. The second session teaches about how HIV is spread. The third session is “Developing and Using Condom Skills.” Although the fourth session has the title “Learning Assertive Communication Skills,” the focus of the lesson is condom negotiation skills. Session five, which teaches how to *practice* assertive communication skills, is indeed more broad based than just teaching condom negotiation skills, but condom use is still a prominent theme. The sixth session introduces students to AIDS patients. (Interestingly, “safe-sex” groups that promote BART love to deride abstinence programs as being “fear-based.” Isn’t introducing young people to AIDS patients—with the implication that “this could happen to you”—fear-based? Sometimes, fear is an effective teaching method.) The seventh session is about sharing the message of risk reduction.

The final session sums up the preceding sessions. The summary states what “we have done together.” The six summary points are:

- 1) Learned about HIV/AIDS.
- 2) Learned how to use condoms and to say, “No.”
- 3) Learned how to communicate clearly in order to “stay safe.”

- 4) Learned problem solving.
- 5) Learned how to share the “safe-sex” message.
- 6) They did “a lot.” (Almost all of it aimed at using condoms.)

In contrast, abstinence programs provide character education, relationship education, marriage preparedness, refusal skills, action/consequence education, STD information and parent/teen communication skills. Abstinence programs even provide after-school mentoring and peer-support networks.

For example, *WAIT (Why Am I Tempted) Training* includes lessons on communication skills, defining love, understanding sex and sexuality, understanding that actions have consequences, understanding differences between needs and desires, recognizing media influences, discovering reasons to wait, understanding bonding and intimacy, learning how to build healthy relationships and learning about commitment and marriage.

Another program, called *FACTS and Reasons*, teaches:

- Maturity
- Sex and Sexuality
- Pressure Points
- Self-Respect
- Knowing Your Values
- Present Relationships
- Risk-Taking
- Managing Pressure
- Decision-Making
- Marriage Preparation

These multi-faceted components of abstinence education are something the Alliance wants to hide from parents, because it is easier to use negative catch phrases, such as labeling abstinence education as being “narrow,” than to research the truth.

Programs that promote a “safer-sex” approach to education focus only on the availability of and ability to use condoms. Students go to pharmacies to find the condom aisle, they practice putting condoms on bananas or wooden penises, and they learn to “negotiate” safer-sex practices. All deal with just *one message: “safer sex.”*

## Distortion #5: Title V abstinence-until-marriage programs deprive kids of access to important information.

By spreading this distortion, the Alliance hopes to do away with Title V—a congressional mandate as part of the Welfare Reform Act of 1996 that was designed to promote abstinence until marriage—in order to regain its monopoly of federally funded sex-ed money.

The truth, however, is that Title V has not deprived any students of contraceptive information or availability. A recent survey of school principals and superintendents is further evidence that the condom-based “safer-sex” message receives the bulk of taxpayer funding (see chart below). Nor has Title V forced the closure of any family-planning clinics or reduced by a single penny federal funding received by “safe-sex” initiatives.

A survey commissioned by National Public Radio, Kaiser Family Foundation and Harvard’s Kennedy School of Government found that just 19 percent of school principals said the federal government’s abstinence education funding had influenced the way their school teaches sex education.<sup>24</sup>

### Percentage of Public Secondary School Principals Reporting Each of the Following, as Included in Their School’s Sex-Education Programs:

HIV/AIDS education	97%
STD education	96%
Abstinence-centered education	34.7%
Condom-based education	65.3%

Sources: Kaiser Family Foundation, National Surveys of Public Secondary School Principals, December 1999; David J. Landry, et al, “Abstinence Promotion and the Provision About Contraception in Public School District Sexuality Education Policies,” *Family Planning Perspectives*, Vol. 31, No. 6, November/December 1999<sup>25</sup>



## **Distortion #6: Teen pregnancy and STD rates would decline if we would provide teens easy, free and confidential access to condoms in schools.**

The Alliance wants the public to believe that the only reason kids aren't using condoms faithfully is that conservatives have kept kids uninformed and have kept condoms unavailable to them. If we teach kids about the dangers of unprotected sex and provide them with condoms for protection, then life will be wonderful in sexual utopia, they say. Don't believe it.

A hallmark of the Alliance's distortions is the selective use of only research that supports its ideology. Research that contradicts its dogma is buried. This selective use of research is no more apparent than in the case of condom distribution programs. Unfortunately for the Alliance, it's hard to bury the two most comprehensive studies of high school condom distribution programs.

A 1998 study of a Los Angeles high school condom distribution program found the following:<sup>26</sup>

- While males reported increasing their condom use from 37 percent to 50 percent, the percentage of females reporting that their partners used condoms did not increase significantly.
- More female teens significantly increased their participation in a wide variety of high-risk sexual behaviors.
- The percentage of male students engaged in sexual activity remained slightly higher than the national average.
- The number of male students involved in unhealthy and risky same-gender sexual activities increased.



A 1999 study of a Seattle high school condom distribution program found these results:<sup>27</sup>

- Despite the availability of condoms, the percentage of sexually experienced students who used a condom at last intercourse *decreased* significantly.
- The decrease in condom use was much greater among students in schools with health clinics that distributed the greatest number of condoms.

Alliance groups want us to believe that sex-education programs and condom distribution programs will not increase teen sexual activity, and these same programs also will reduce teen pregnancies and STDs. The studies cited throughout this report indicate otherwise. It may be true that liberal condom distribution programs may motivate *some* teens to use condoms more often (although the Seattle study seems to show an inverse correlation between school condom distribution and student use of condoms). These programs, however, also seem to inspire teens to engage in more high-risk sexual behaviors. Sadly, this “condoms-equal-sexual-carte blanche” message seems to be the proposal the Alliance is advocating.

## **Distortion #7: The Alliance wants parents to play a central role in their children’s sex education.**

The Alliance pays lip service to the idea that parents must play a central role in their children’s sex education. But here the Alliance is playing a classic shell game. The shells appear to be identical, but the prize (of truth) is under only one shell. Yes, parents must be part of the process. But what do those words mean when they come from the Alliance? At least two of the Alliance-approved CDC “Programs That Work”—one called *Be Proud! Be Responsible!* and the other called *Becoming a Responsible Teen* (BART)—include contracts that require students to keep everything said or written in the class confidential, including from their parents.<sup>28</sup> (BART participants who break the confidentiality contract are removed from the program.) The Alliance really means that parents must support the Alliance’s liberal agenda of condoms plus anything-goes sex.

We also believe that parents should be part of the process. But we do not believe that most parents want their children to be taught that virtually any sexual behavior is good as long as the participants are relatively free from the risk of unwanted pregnancy and STDs. Most parents instinctively know that the proper place for sex is in a committed, monogamous marriage. Most parents whose sexual histories are less than pure have learned from their mistakes and want to help their children avoid those same errors. Many parents, however, do not realize the profound influence their attitudes and words about sexual behavior have on their kids.

## LOOKING OUT FOR PARENTAL RIGHTS?

While Alliance groups such as SIECUS and Planned Parenthood make a public show of their desire to see parental involvement in children's sex education, behind the scenes they aggressively oppose laws on parental rights, notification and approval. For example, in 1998, Planned Parenthood of the Rocky Mountains joined with the American Civil Liberties Union (ACLU) in a lawsuit aimed at preventing the enforcement of Colorado's Parental Notification Act (Amendment 12).<sup>30</sup> The Alliance has been active in similar lawsuits across the country.

Alliance groups want parental involvement only if that involvement helps them in promoting their "safe-sex" agenda.

Numerous studies have shown that parental involvement in the lives of their children helps those children to avoid many risky behaviors, including premarital sex. A report by James Jaccard, Patricia J. Dittus and Vivian V. Gordon published in *Family Planning Perspectives* cited a number of studies that showed a clear correlation between parents' relationships with their children and their children's sexual involvement. The report stated, "[A]s adolescents' perceptions of mothers' emphasis on abstinence increased, the likelihood that the adolescent had engaged in intercourse decreased. In contrast, as reported discussions about birth control increased, the likelihood that the adolescent had initiated intercourse also increased."<sup>29</sup>



## Distortion #8: Abstinence programs have been proven ineffective.

Bottom line: There are only four possible responses to the problem of kids involved in sexual activities: 1) Deny that the problem exists, 2) Ignore the problem, 3) Hand out lots of condoms and teach kids how to use them or 4) Teach kids that the only safe sex is sex that is absolutely exclusive to marriage (the character-based abstinence message).

Almost no one would choose either of the first two options, so the real struggle is between the proponents of the latter two options. If the Alliance can convince the public that abstinence programs have been proven ineffective, they become, in effect, “the only game in town.”

The truth, however, is that few studies of abstinence programs have been completed. Actually, some limited studies have found promising results from several character-based abstinence programs, including *Best Friends*, *Project Taking Charge*, *Project Reality*, *Teen-Aid* and *Sex Respect*. In addition, the September 10, 1997, issue of *JAMA* published an article on the first wave of findings from the National Longitudinal Study on Adolescent Health—the most extensive study on adolescent risk ever conducted. The study showed that the factor most strongly associated with a delay in the onset of sexual activity was a pledge of abstinence. In fact, the pledge of abstinence was three times more strongly associated with a delay in sex than the next most positively correlated factor.<sup>31</sup> A pledge of sexual purity is the cornerstone of an abstinence movement called *True Love Waits*, which is popular among many school and church youth groups.

According to a monumental study called “Promising the Future: Virginity Pledges as They Affect the Transition to First Intercourse,” by researchers Peter S. Bearman and Hannah Bruckner, “They [teens] do not need to pledge to avoid sex, but pledging helps them not have sex. On the average, it reduces the baseline rate of time to sexual debut by 34 percent.” They also wrote, “The delay effect [of virginity pledges] is substantial and almost impossible to erase. Taking a pledge delays intercourse for a long time.”<sup>32</sup>

**Saving Myself for Marriage  
Pledge Certificate**

Believing in Saving Myself for Marriage, I make a commitment to myself, my family, my friends, my future spouse and my future children to be sexually abstinent from this day forward until the day I enter a lifelong, committed, monogamous marriage.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

But despite these reports, based on what they perceive to be a lack of studies, Alliance groups have taken a broad leap to state that abstinence programs do not work. They deduce ineffectiveness of abstinence programs because of a lack of studies, yet they tout the “success” of condom distribution programs despite the fact that virtually every condom distribution program study has included a caution that the study’s findings were “inconclusive,” “inconsistent,” that it “needs further study” or that it cannot be generalized to a broader population. (Note, however, that public funding for studies of character-based abstinence programs has been relatively scarce, because public funding of such programs is relatively new.)

## **Distortion #9: Comprehensive sex education has been proven effective.**

This distortion is just the other side of the coin expressed in distortion #8. “Their method doesn’t work; ours does.” But is the “safe-sex” message effective?

Even in the American Medical Association’s Council on Scientific Affairs Report 7 – I-99 (CSA 7 – I-99), the following statements—that were intended to be supportive of “safe-sex” programs—reveal less-than-glowing results for these programs:<sup>33</sup>

- “Evaluation *findings* on the effectiveness of safer-sex interventions to delay the initiation of intercourse and reduce unprotected intercourse *are inconsistent* but continue to show increasing promise.” (emphasis added)
- “Others have found *no effect* of safer-sex curricula on the use of birth control among sexually active students.” (emphasis added)
- “Although these results are encouraging, *no statistically significant differences were identified* in the incidence of sexual initiation between students who participated in the Safer Choices program and those in the comparison schools.” (emphasis added)
- “A condom availability program may not always lead to increases in condom use.”
- “[M]ore research is required to demonstrate their [safer-sex programs’] effectiveness in increasing the use of contraception among sexually active adolescents and in determining the respective roles of education and contraception services in achieving this outcome.” (emphasis added)



- “[A]dditional research is required to better understand the conditions that promote increased condom use.” (emphasis added)

While the Alliance (including the AMA) interprets the research on “safer-sex” programs as inconsistent or positive, many less-biased researchers have come to different conclusions. A research study published by Family Perspectives examined the impact of family-planning (primarily condom distribution) programs on the adolescent birth and pregnancy rates among teens. The authors concluded: “Instead of the expected reduction in teenage pregnancies, greater adolescent involvement in family-planning programs was associated with significantly higher teenage pregnancy rates.”<sup>34</sup>

The research cited most often to argue for the success of “safe-sex” programs and the ineffectiveness of character-based abstinence programs comes from Douglas Kirby. Yet, this same Douglas Kirby wrote, “It may actually be easier to delay the onset of intercourse than to increase contraceptive use.”<sup>35</sup>

In a commentary published in the *Postgraduate Medical Journal of the British Medical Association*, Dr. Trevor Stammers made the following observations:<sup>36</sup>

- Teens who reported using condoms the first time they had sexual intercourse were more likely to become pregnant.
- The percentage of 16-year-olds who were sexually active actually was higher after their participation in a three-year condom distribution program.
- Sex education in schools did not increase the age at which girls lost their virginity.
- Stammers concluded, "Over the past 20 years the primary message in sex education has been 'use contraception.' This approach has clearly failed."

The *Journal of Political Economy* published a study that included these conclusions:<sup>37</sup>

- "Prior enrollment in sex education was associated with a higher hazard rate into sexual activity for females. . . ."
- "Prior enrollment in sex education may have been associated with a higher pregnancy hazard rate for certain groups of females."
- "Sex education in the preteen years might have led to the significant increases in female sexual activity and pregnancy in the early and middle teenage years."



Following are from a commentary published in the prestigious journal *The Lancet*:<sup>38</sup>

- “It is hard to show that condom promotion has had any effect on HIV epidemics.”
- “[A] vigorous condom-promotion policy could increase rather than decrease unprotected sexual exposure, if it has the unintended effect of encouraging greater sexual activity.”
- “[I]ncreased condom use could reflect decisions of individuals to switch from inherently safer strategies of partner selection or fewer partners to the riskier strategy of developing or maintaining higher rates of partner change plus reliance on condoms.”

Even a national poll conducted for the Planned Parenthood Federation of America by Louis Harris and Associates a number of years ago found these controversial results:<sup>39</sup>

- Teens who had comprehensive sex education at school were 54 percent more likely to have had sex than teens with no sex education and 65 percent more likely to have had sex than teens who had abstinence-focused education.
- Sexually experienced teens who had comprehensive sex education at school were 22 percent less likely to usually use birth control than sexually experienced teens who had sex education and 24 percent less likely to usually use birth control than sexually experienced teens who had abstinence-focused sex education.

***For obvious reasons, Planned Parenthood chose not to publicize these findings.***



## Distortion #10: Abstinence until marriage is a religious idea and constitutes a violation of the separation of church and state.

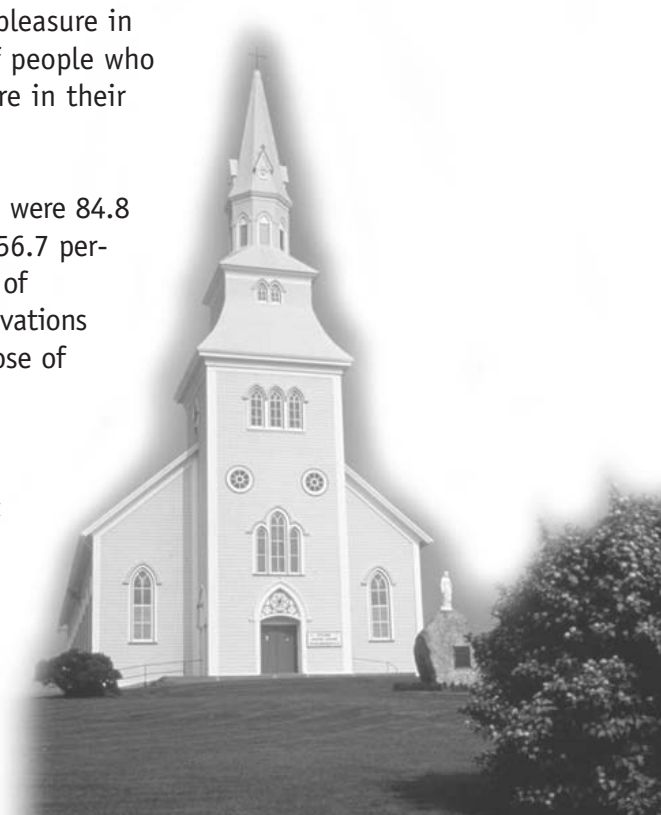
This is another Alliance shell game. The purpose is to take the public gaze off the arguments about children's health and safety—where "safe-sex" proponents must substitute deceptions for truth—and put that gaze on the public's perception of personal freedom. The Alliance's message here is, "Do you want religious zealots telling you what you can or cannot do?"

Granted, nearly every major religion strongly condemns sex outside of marriage and upholds the marriage relationship as the only proper place for sexual activity, but abstinence outside of marriage is not an idea exclusive to religious thought. And the benefits of abstinence outside of marital fidelity are not exclusive to people of faith. Nor do the dangers of extramarital sex choose sides. The ravages of the "sexual revolution" have never played favorites. STDs are equal-opportunity monsters, and faithful marriages are our strongest defense against them.

One of the most comprehensive studies ever done about sex, *The Social Organization of Sexuality*, shows that 87.4 percent of people who are married and whose sexual relationship had been exclusive to their marriage partner find physical pleasure in their sexual relationship with their spouse. Only 61.2 percent of people who had more than one sexual partner said they had physical pleasure in their relationship with their spouse.<sup>40</sup>

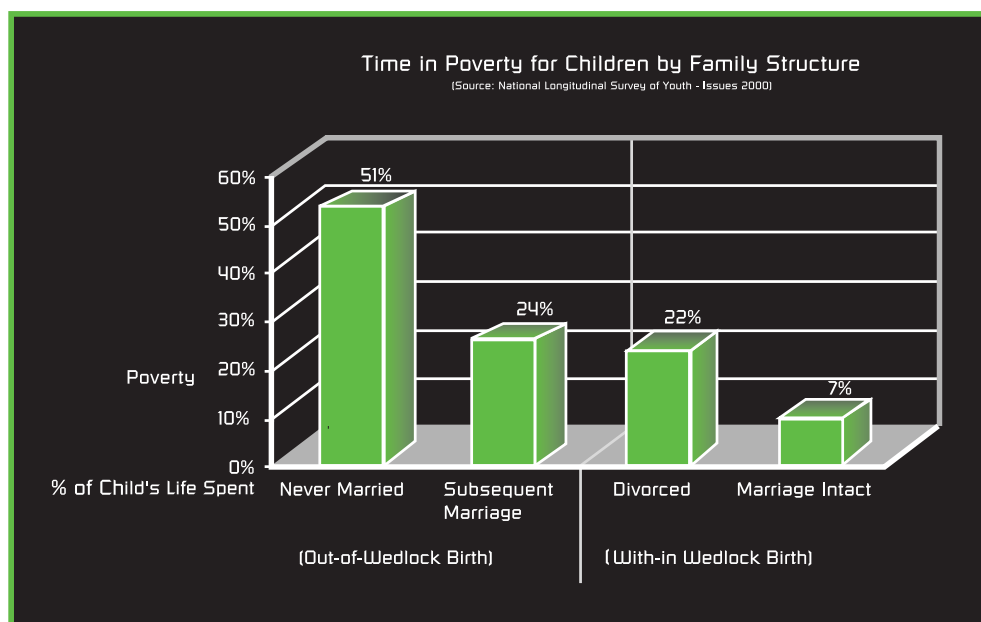
Regarding emotional satisfaction in their relationships, the figures were 84.8 percent for those with an exclusive relationship compared to just 56.7 percent for those who had had more than one partner.<sup>41</sup> A University of Massachusetts study concluded: "One of the most consistent observations in health research is that the married enjoy better health than those of other [relational] statuses."<sup>42</sup>

Religious beliefs (or lack of them) had no bearing on these results of physical and emotional satisfaction nor on economic well-being. And the microbes that cause devastating sexually transmitted diseases have absolutely no regard for one's religious or non-religious beliefs.



As the Heritage Foundation's Senior Research Fellow Robert Rector has stated in a speech to a gathering of marriage and abstinence educators,

Abstinence is not an end in itself. . . . It is the first stage in the battle. It doesn't do us any good if a girl is abstinent until she's 18 and then she starts sleeping around. . . . The real crisis in our society is not merely teen sexuality. It is a crisis in the relationship between young men and women in their 20s. . . . They don't know how to form a stable relationship. Nor, tragically, do they even understand that it is important. And what abstinence is about is beginning to teach them the habits and patterns of self-control. . . . What is throwing condoms around in high school; how will that help them form stable relationships as young men and women?



According to The National Longitudinal Survey of Youth, children born of parents who are not married will, on average, spend 51 percent of their lifetime in poverty, while children whose parents are married, and stay married, will spend 7 percent of their lifetime in poverty (as shown in the chart above).

## Distortion #11: Surveys confirm that the majority of parents support comprehensive sexuality education in schools.

The Alliance wants to appeal to America's majority-rule inclinations. The problem for the Alliance is that it is in the minority. So, in order to get the desired results that make them appear to be in the majority, they have had to carefully craft their survey and polling questions.

A recent Kaiser Family Foundation survey called "Sex Education in America" was full of deceptive and misleading questions. For example, here's how Kaiser asked teens a question: "Please tell me if A or B is more accurate:

- A. Young people under 18 years of age need their parent's permission to get birth control pills.
- B. Young people can get birth control pills without their parent's permission."

Not surprisingly, here is the way the question was asked of parents:

*"How important would it be to you that your child learns about (subject) very important, somewhat important, not too important?"*

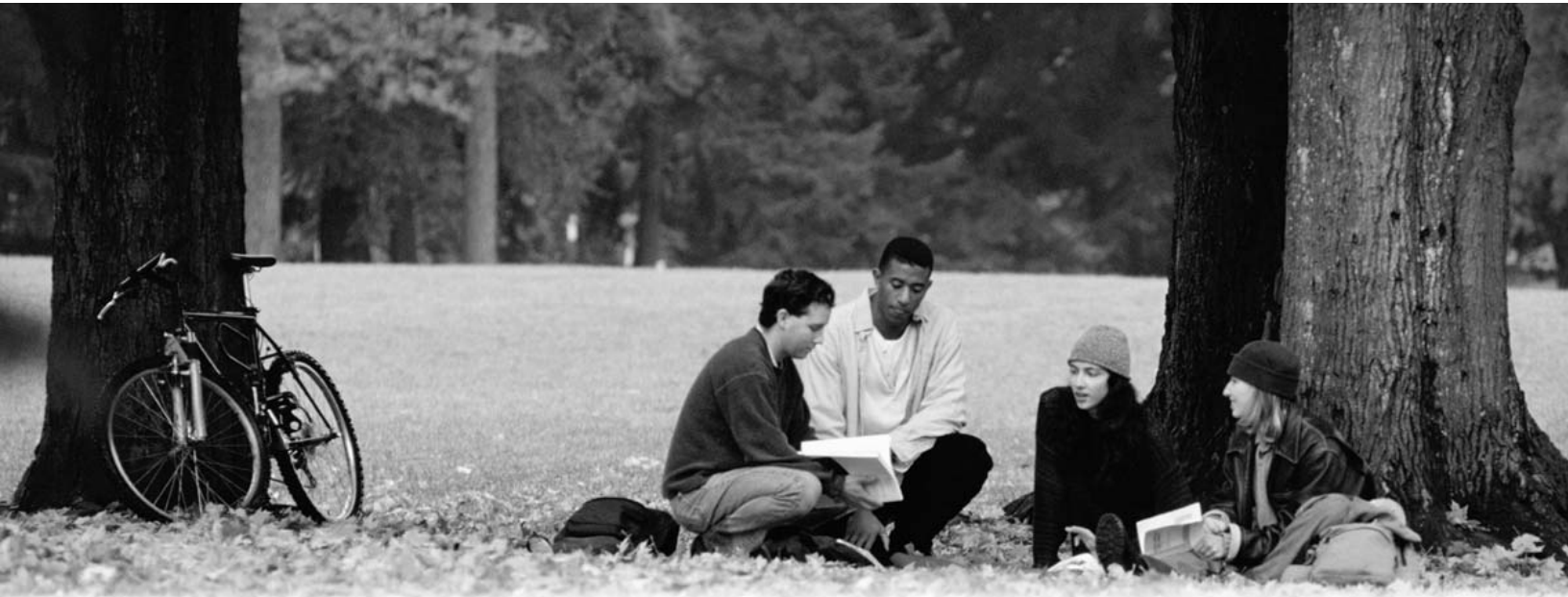
*"How to use and where to get other birth control." (Notice that "without parental permission" was missing.)\**

Here is a question used by Planned Parenthood Federation of America: "If you believe that sexuality education should be provided in our schools, what do you believe should be the chief focus?"

- A. Preventing STDs
- B. Educating about birth control methods
- C. Having healthy relationships
- D. Teaching abstinence."

\* A Focus on the Family response titled "What the Kaiser Family Foundation Is Not Saying About Sex Education in America" is available at the end of this report.





From the outset, the question is framed to direct the respondents away from choosing D, the last option. If the respondent favors “sexuality education”—an Alliance catch phrase that essentially means comprehensive “safe-sex”—he is already predisposed to favor one of the first two options. And even for those who favor teaching abstinence, it would be difficult to pass up the “[h]aving healthy relationships” option.

Even more appalling, the survey was conducted through letters sent to Planned Parenthood funders (financial supporters)! Not surprisingly, the most frequently chosen response was “[h]aving healthy relationships.” **Planned Parenthood then used the results of this survey to support its contention that “a strong majority of Americans prefer to see responsible sex education for school students over programs that simply advocate abstinence.”**

In 1997 the Durex Condom Company commissioned a survey of adults about abstinence education; here’s the question they used: *“Do you support schools in your district accepting state and federal funds that would prevent them from teaching your children the complete facts about birth control and STDs?”* When Jane Fonda, as the condom company’s spokesperson, appeared on national television she reported, “More than 82 percent responded that they do not support schools that accept character-based abstinence funding.” Given the slanted question, the response was a foregone conclusion.



Following is a question from a 1999 SIECUS and Advocates for Youth survey (respondents were to list their level of agreement): "Since the average age when children hit puberty is 12 and the average age when people first get married is 26, teaching character-based, abstinence-until-marriage sexuality is just not realistic in the lives of most people." How might these survey results have differed had the polls used honest, straightforward and unbiased questions?

In stark contrast to such predisposed polling, in 1994 *USA Weekend* conducted a poll of its readers using this simple, unbiased question: "Should public schools make condoms available to students?" Seventy-five percent of the nearly 10,000 respondents said, "No, never."<sup>43</sup>

A previously cited recent study led by David J. Landry found community-support levels for abstinence-only education at 50.6 percent, compared to 32.7 percent for comprehensive "safe-sex" education. Meanwhile, the level of opposition ("generally opposes") was 2.9 percent for comprehensive "safe-sex," while there was *no opposition* to abstinence-only education.<sup>44</sup>

## **Distortion #12: Abstinence programs are fear-based and medically inaccurate.**

What the Alliance members really mean by this is that they don't want kids to be fearful of the truth that condoms will not protect them against HPV, and that they provide poor protection from several other STDs. With one million pregnancies and three million cases of STDs among teens per year, it is a shame that the debate on sexuality education has been reduced to name-calling.

There are two major problems with dismissing abstinence programs as "fear-based." The first problem deals with defining the terms we use. What exactly does it mean to be fear-based? Is a program fear-based if it discloses the social and economic costs of adolescent pregnancy? Is a program fear-based if it discusses the failure rates of condoms to prevent pregnancy? Is a program fear-based if it truthfully tells teens that condoms provide little or no protection against certain STDs?

Or, is a program fear-based if it simply presents an opposing viewpoint about teen sexuality? A case in point is the slide presentation produced by the Medical Institute (MI). SIECUS labels the MI material as fear-based. Yet the MI's statistics come directly from the Centers for Disease Control and Prevention, the National Institute for Health, established peer-reviewed medical journals and other reputable sources of medical information.

The second problem with the fear-based label is that it assumes there is never a place for legitimate fear. In truth, entire generations of Americans have avoided various risky behaviors because of the fear of the consequences. Further, Douglas Kirby in the booklet "No Easy Answers" states, "The fear of AIDS may generate greater receptivity to information about prevention." If conveying truth about the medical, economic and social consequences of sexual promiscuity creates fear in adolescents, then perhaps a little more fear is what we need. Fear is a healthy respect for the consequences of bad decisions. The Alliance uses the term "fear-based" as a stop sign to shut down legitimate debate. Their attitude is, "Your message is fear-based, so it isn't worth discussing."



Planned Parenthood people and their ideological allies are opposed to telling kids the fearful facts about condoms' ineffectiveness against HPV and some other STDs. They reason that if kids know the truth they will not wear condoms and will forfeit the (relative) protection condoms provide against HIV (although there is no research to support this contention). In other words, their stand is, *some protection against some diseases is better than no protection against many diseases*. But the truth is, *complete protection against all diseases is the best course, and that's what abstinence provides*.

## A CASE FOR MARRIAGE

Traditionally, Americans have held that parents are the people best qualified to teach their children values and morality. But in our increasingly postmodern society, which has no ethical base apart from each individual, government and public schools have largely assumed the role of guiding youths' choices.

More than ever before, the decisions and actions of policy-makers and schoolteachers influence America's children. If you are an educator or if you have a position of influence in determining public policy—and if you agree that America's children need character-based education rather than a pocketful of condoms and a class in how to use them—please use your influence to help implement the “Action Steps” beginning on page 34. You can help guide America's next generation toward the high ideals of purity and committed, lifelong marriages. A society that truly respects the sanctity of marriage and the fidelity it produces will see far fewer teen pregnancies, STDs and abortions than we are witnessing in our “free-sex” culture.

Marital fidelity really is the central issue within the entire debate. On one side of the debate are those who hold to the traditional view of the sanctity of marriage: that the sexual union is the ultimate physical manifestation of the marriage bond, and that sex outside of marriage degrades not only those who indulge in it, but it also corrupts the institution of marriage as well.

For some others, however, the fact that “free” sex has a corrupting influence on marriage is not regrettable; in fact, the goal and the means to achieve it are one and the same: “free” sex. These people see marriage as being an outdated, religious impediment to freedom—especially sexual freedom.

Yet, annual surveys conducted by the University of Michigan found that an increasing majority of teens desire to have a strong, permanent marriage.

“Based on this survey, the percentage of both boys and girls who said that having a good marriage and family life was ‘extremely important’ to them has increased over the decades by a modest but statistically significant amount.”<sup>45</sup>

**Percentage of High School Seniors Who Said Having a Good Marriage and Family Life Is “Extremely Important,” by Period, United States**

Period	Boys	Girls
1976 -1980	69.4	80.2
1981-1985	69.0	81.3
1986-1990	69.7	81.9
1991-1995	72.0	83.2
1996-2000	72.9	82.1

Despite the sexual revolution and its raw allure, and despite the sad statistic of more than half of all marriages failing, children instinctively know that a committed, lifelong, monogamous marriage is the highest and most important earthly relationship. God instituted marriage—and restricted sex to marriage—for our good. Deep down, most kids seem to know that—despite the propaganda.





# ACTION STEPS

## WHAT CAN PARENTS DO?

When parents consider the piles of taxpayer dollars that have funded the Safe-sex Alliance over the past 30 years, the task of protecting one's child can seem overwhelming. As the tentacles of the Alliance philosophy reach into education, public health, the media—and even the faith community—how can parents be sure their values and expectations are passed on to their children?

The answer lies in believing that YOU, the parent, are the EXPERT! YOU know your child better than anyone else does, and that includes the many “experts” who claim to know what's best for your child. Parents today are made to feel that unless an “expert” has validated their style of parenting and education it is useless. Nonsense! You, the parent, brought your child into the world, and no school administrator, government worker or child “advocate” can ever love or care for your child the way you do. Therefore, it is essential that parents take control of their children's sex education, rather than leaving it completely in the hands of the school.

A useful booklet titled “Let's Talk About Sex” can help parents with the task of educating their children about sex, relationships and lifelong marriage. (See order information at the back of this report.) Listed on the following pages are some ways to help educate your children and your community about the healthy aspects of abstinence-until-marriage and character education.





**Protect your child's innocence.** Your child's age as well as his/her personality determines how much sex education should be addressed. It is important to protect children during the innocence and latency period (ages 1 to 12). For children at ages 11 to 12, parents should teach concepts that deal with character education, relationship education and simple biological/reproductive concepts. Some schools are tackling sex education at the elementary school level with mixed classes that often break down the natural modesty between boys and girls. Combining boys and girls in classes that have explicit and age-inappropriate material is a recipe for disaster. If your school conducts sex education with mixed classes for children at these ages it would be better to opt-out of the class and educate your child on your own or with a group of like-minded parents.

**Be involved in your children's learning and decision-making.** The media and the culture regularly send children messages about sex. Alert parents can listen for these messages and turn them into teachable moments in which they can discuss with their children the need for morally responsible sexual behavior.

**Be clear about your message and don't be afraid to make known your disapproval of premarital sex.** Research has shown that children whose parents clearly express their disapproval of contraception and premarital sex are more likely to delay sexual activity than are children whose parents do not express such disapproval. Research also has shown that students who have taken a pledge of virginity are far less likely to engage in premarital sex than those who have not taken a pledge. According to "Protecting Adolescents From Harm," a study in the September 10, 1997, *Journal of the American Medical Association*, "[a]dolescents who reported having taken a pledge to remain a virgin were at significant lower risk of early age of sexual debut." There is currently no research showing that pledging to use condoms works at all.

***Volunteer to be on the school sex-education committee.*** This is not an easy task! It is important to know what curriculum your school is committing its values to and how that curriculum will impact your community's children. Parents should also get information concerning the videos, speakers and presentations their children will see during *any* sex-education curriculum.

In some schools sex-education committees are stacked with special-interest groups (mostly Alliance members), rather than parents. The result is that parents sometimes feel out-manuevered, with the special-interest groups pushing their agenda on the community. Reversing the Alliance agenda will require persistence in getting concerned parents to rally to this cause.

Another option is "Choice in Sex Ed." This alternative, which allows parents the option of choosing the type of philosophical message they want their children to receive (abstinence or "safer sex"), has worked well in some communities.

In exercising your right to decide what is best for your child, be prepared to have Alliance members fight your decision by contesting that, should you choose character/abstinence education, your child may not receive "all the information." You can respond by saying that "all the information" they want to present is not in your children's best interest.

***Volunteer to help your schools find speakers and materials that support the abstinence-until-marriage message.*** There are a number of ways to support the healthiest message for teens by donating your time, money and energy to getting good speakers and materials into your children's schools. For instance, during a two-day period in Chicago, more than 12,000 students were released from school to participate in an abstinence-until-marriage rally. The rally included speakers, singers, skits and a variety of abstinence messages that students could relate to.

Talk to your school board members about a school policy that will uphold abstinence until marriage as the best health message for youth, making it the focal point of any sex-education course.









Finally, ask your neighbors what they want their schools and community to be like in 10 years. Abstinence education is really about healthy relationship education. Do people in your community want students to have healthy relationships directed toward a lifelong, healthy marriage, or do they want them to be experts at condom use? Does your community want to invest in the long-term or short-term? These are questions that need to be addressed at every level of community involvement.

## WHAT CAN COMMUNITY, EDUCATION AND GOVERNMENT LEADERS DO?

Public servants have noted that sex education can divide even the most cohesive communities. Sex education cuts to the core of our dignity as individuals. Consequently, communities have a variety of strong feelings on the subject. Many public servants understand that out-of-wedlock pregnancy and sexually transmitted disease are costly to a society. How, then, can public servants do right by a community on this controversial issue?

Public servants should review the statistics and literature on fatherless America, on welfare, on crime and on out-of-wedlock pregnancy. They should be aware of the philosophy that supports sex outside of marriage and disdains parental rights. Then they should support legislation and programs aimed at restoring character-based, moral teaching.

### **Public servants can best serve their community by supporting policies that:**

-  Uphold abstinence until marriage as the best social and health message for society.
-  Thoroughly and rigorously evaluate all “safe-sex” and family-planning programs.
-  Adopt the federal A – H definition of abstinence education (included at the end of this report).
-  Involve fathers in the lives of their children and hold them accountable to their families.
-  Promote character education as a foundation to abstinence from all high-risk behaviors.
-  Uphold parental rights to be aware of and involved in every aspect of their children’s education.
-  Endorse marriage, covenant marriage laws, divorce reform and accountability, and premarital counseling.
-  Promote abstinence-until-marriage week at your community schools to further awareness of the abstinence message.

## Public servants can serve their community by opposing policies that:



Endorse an Alliance philosophy on contraception and “safer sex” rather than character, self-control and marriage.



Promote school-based clinics. (Condom distribution, contraception and abortion referrals occur in many of these clinics. Clinics usually start with the concept of providing “general health care” in order to gain acceptance in the community; then they move on to providing reproductive health care. Then, based on the notion of children’s privacy rights, the clinic workers offer the kids complete confidentiality—including secrecy from their parents.)



Support any sex-education course that makes it hard for parents to opt-out or does not give full disclosure of the course, teachers, videos and curriculum.



Provide explicit sex-education classes that are geared toward too much too soon at the elementary school level—a practice that breaks down the natural modesty between boys and girls.



Support programs that follow the SIECUS (Sexuality Information and Education Council of the United States) guidelines.

In addition, public servants should resist policies that do not allow any or all parents to serve on the school sex-education committee. Some schools put a “token” parent on the committee to say they had “parent” input. However, all parents should be allowed to have input into their children’s sex education.



***TITLE V ABSTINENCE EDUCATION, POINTS A-H:***

- (A) has as its exclusive purpose, teaching the social, psychological and health gains to be realized by abstaining from sexual activity;*
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;*
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases and other associated health problems;*
- (D) teaches that a mutually faithful, monogamous relationship in context of marriage is the expected standard of human sexual activity;*
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;*
- (F) teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents and society;*
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and*
- (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.*

## CONCLUSION

In *The Age of Unwed Mothers: Is Teen Pregnancy the Problem?* Maggie Gallagher wrote,

The teen pregnancy problem in our society is inseparable from a much larger marriage problem. Changing *adult* ideas about marriage and its relationship to procreation have directly guided the cluster of trends in teen behavior—including rising rates of unmarried sex, weak motivation to use contraceptives, rising ages at marriage, and sharp declines in both legitimation and adoption—that we currently describe, somewhat misleadingly, as our crisis of teen pregnancy. . . .

Why should a teenager postpone having a baby? What our society as a whole, and especially our “teen pregnancy” rhetoric, currently tells these young people—until you reach age 20, having a baby is a huge mistake, as is getting married, but after that, it’s up to you—is not likely to capture their moral imagination. Does it capture yours?



## ORGANIZATIONS

merica

*Alan Guttmacher Institute*  
*Advocates for Youth*  
*The National Campaign to Prevent Teen Pregnancy*  
*National Education Association*  
*The American Medical Association*



While SIECUS philosophy invades our schools, many other Alliance groups provide support and supplies behind the scenes. The list below is not comprehensive, but it includes many of the major Safe-sex Alliance groups.

- **Planned Parenthood Federation of America (PPFA):** In 1998, Planned Parenthood clinics performed more than 167,000 abortions.<sup>46</sup> In addition, Planned Parenthood generated more than \$125.8 million in profits in the year ending June 30, 1999.<sup>47</sup> Legitimate character-based abstinence education that eliminates or dramatically reduces the need for contraceptives and abortions is a threat to Planned Parenthood's fiscal bottom line. Therefore, Planned Parenthood has been at the forefront of efforts to eliminate taxpayer funding of character-based abstinence education.
- **Alan Guttmacher Institute (AGI):** AGI is commonly seen as the research arm of Planned Parenthood. AGI compiles (and at times manipulates) information into reports and studies that support Planned Parenthood's goals. For example, AGI publishes *Family Planning Perspectives*, the principal peer-review journal dealing with sex education and teen sexual behavior. However, *Family Planning Perspectives* is far from being an objective and balanced journal—AGI sometimes uses it to slant science to support the Alliance's ideology.
- **Advocates for Youth (AFY):** Formerly the Center for Population Options, this population-control group gave itself a makeover and renamed itself Advocates for Youth. According to its Web page, AFY is "dedicated to creating programs and promoting policies which help young people make informed and responsible decisions about their sexual health. We provide information, training and advocacy to youth-serving organizations, policy-makers and the media in the U.S. and internationally." AFY supports abortion on demand and government-funded contraceptive clinics. AFY

does not support parents' rights to be informed of their children's access to abortion or any other sexual choices their children make.

In recent years, AFY has sponsored "study tours" to Europe for adherents of Kinseyan ideology. During these tours, AFY funnels in the "facts" it wants the participants to "discover," while filtering out findings that might contradict its agenda of expanding condom-based sex education in the United States. AFY has distributed to other Alliance members false statistics and information about abstinence education and teen sexual behavior in Europe. In November 1999 a group of academic and medical doctors and senior policy analysts traveled to Europe to determine the accuracy of AFY's reports. Members of this group—none of whom had a financial interest in any particular funding—discovered that many of AFY's conclusions were either totally false or grossly distorted. An increasing number of medical professionals and social scientists are viewing AFY's European tour as an advocacy scam, rather than as legitimate research.

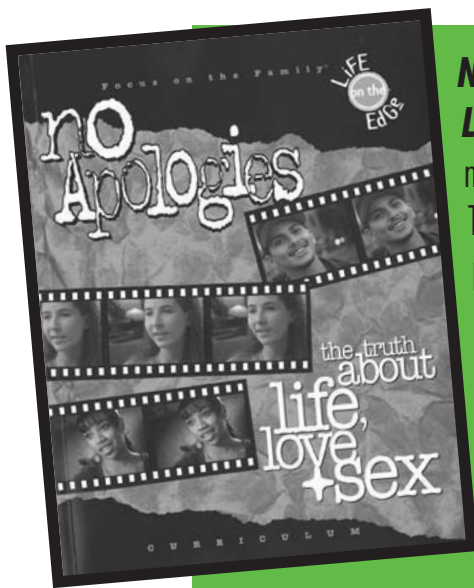
- **The National Campaign to Prevent Teen Pregnancy:** Like other Alliance organizations, "The Campaign," as it calls itself, continues to preach the comprehensive (condom-based) "safer-sex" message. Although The Campaign's Web page for teens offers advice on saying no to sex, it also advises adolescents that there are two ways to avoid pregnancy: abstinence or careful birth control. Neither method is portrayed as better than the other. In addition, the page declares, "Being prepared for sex doesn't make you pushy or easy—it makes you smart." Given an essentially value-free message, are hormone-happy adolescents more likely to choose abstinence or condoms? If kids are not told about the physical and emotional risks that inevitably accompany premarital sex—even with condoms—then many will choose condoms over abstinence, and those who do could pay an awful price.
- **The American Medical Association (AMA)** may be on the verge of becoming the newest Alliance organization. In 1999, the liberal element in the AMA engineered the passing of the Council of Scientific Affairs' Resolution 7-I-99. In that resolution the AMA accepted the results of comprehensive "safer-sex" studies that it admitted were inconclusive, while it labeled character-based abstinence programs ineffective because of insufficient studies. Perhaps this increasing move away from objectivity is one reason why many American physicians no longer consider the AMA worth the price of membership.

- 1** For example, Jones wrote: "Within a few years, Kinsey would avoid making any comments that betrayed his desire to influence social policy. His restraint was self-imposed, as he gradually came to realize that his ability to shape thinking, mores and the law rested entirely on his image. If people perceived him as a social reformer, his influence would be diminished. If the public saw him as a disinterested investigator, his pronouncements would carry the moral authority of science, resting, as they did, on cold, hard data." Kinsey's homosexual and sadomasochistic activities permeate the book. One example is found on page 610: "On one occasion, when his inner demons plunged him to new depths of despair, Kinsey climbed into a bathtub unfolded the blade of his pocketknife, and circumcised himself without benefit of anesthesia. Although Dellenback denied capturing the incident on film, he confirmed that it happened."
- 2** James H. Jones, *Alfred C. Kinsey: A Public/Private Life* (New York: W.W. Norton & Company, 1997), pp. 374 & 610.
- 3** Judith A. Reisman and Edward W. Eichel, *Kinsey, Sex and Fraud: The Indoctrination of a People* (Lafayette, Louisiana: Huntington House, 1990), p. 112.
- 4** *Ibid*, p. 112.
- 5** "Pedophilia Steps Into the Daylight," *Citizen* magazine, Vol. 6, No. 11, Nov. 16, 1992, pp. 6-8.
- 6** *Time*, April 14, 1980.
- 7** "Guidelines for Comprehensive Sexuality Education: Kindergarten – 12<sup>th</sup> Grade," SIECUS (1991).
- 8** "They Call This Abstinence?" *Citizen* magazine, Vol. 6, No. 5, May 18, 1992, pp. 1-5.
- 9** SIECUS Report, June/July 1994.
- 10** "Federal Sex-Ed/ Contraceptive vs. Abstinence Funding," Republican Study Committee, <http://www.house.gov/burton/RSC/Abstinence4.PDF>.
- 11** "Federal Sex-Ed/ Contraceptive vs. Abstinence Funding," Republican Study Committee, <http://www.house.gov/burton/RSC/Abstinence4.PDF>.
- 12** *Youth Risk Behaviors Surveillance, Morbidity and Mortality Weekly Report*, CDC, Vol. 49, No. SS-5, June 9, 2000. (The percentage who will graduate as virgins is equal to the percent of seniors who remain virgin. The percentage who are sexually experienced, but currently abstinent, is the mathematical product of the percentage who have ever had sex minus the percent of youth who are currently sexually active.)
- 13** "The Cautious Generation?" Released by the National Campaign to Prevent Teen Pregnancy, April 27, 2000.
- 14** *Youth Risks Behavior Surveillance, Morbidity and Mortality Weekly Report*, CDC, Vol. 49, No. SS-5, June 9, 2000.
- 15** *The Guttmacher Report*, Vol. 1, No. 5, October 1998.
- 16** Alan Guttmacher Institute press release, "U.S. Teenage Pregnancy Rate Drops Another 4% Between 1995 And 1996," Thursday, April 29, 1999.
- 17** Fu, et al., "Contraceptive Failure Rates: New Estimates From the 1995 National Survey of Family Growth," *Family Planning Perspectives*, Vol. 31, No. 2, March/April 1999. (The figure referred to is for *unmarried, not cohabiting girls, under age 20 whose household income is below 200 percent of the poverty rate.*)
- 18** Bunnell, et al., "High Prevalence and Incidence of Sexually Transmitted Diseases in Urban Adolescent Females Despite Moderate Risk Behaviors," *The Journal of Infectious Diseases*, 1999; 180:1624-31.
- 19** Davis and Weller, "The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV," *Family Planning Perspectives*, Vol. 31, No. 6, November/December 1999.
- 20** Letter from Richard D. Klausner, Director of National Cancer Institute to Tom Bliley Jr., Chairman of the House Commerce Committee, February 16, 1999.
- 21** Committee on Commerce Hearing Witness, Hearing Regarding Women's Health: Raising Awareness of Cervical Cancer, Statement of Dr. Ronald Valdiserri, March 16, 1999.
- 22** Warner, MPH, et al., "Assessing Condom-Use Practices: Implications for Evaluating Method and User Effectiveness," *Sexually Transmitted Diseases*, Vol. 25, No. 6, July 1998.
- 23** Several reports, including *ppcdotorg*, (<http://www.ppct.org/factsheetsilnus.htm>) "Sexually Transmitted Infections in the

- United States"; *Health Central*, "Many Don't Know They Have Herpes," July 21, 2000; *ASHA News Release*, "New Survey Reveals Americans Underestimate Their Risk For Contracting Genital Herpes," April 26, 2000; and *Kaiser Report*, "Sexually Transmitted Diseases in America: How Many and at What Cost?" ([http://www.kff.org/content/archive/1445/std\\_rep2.html](http://www.kff.org/content/archive/1445/std_rep2.html)).
- 23 Cates and Stone, "Family Planning, Sexually Transmitted Diseases and Contraceptive Choice," *Family Planning Perspectives*, Vol. 24, No. 2, March/April 1992.
- 24 "Sex Education in America: Principals Survey," National Public Radio/Kaiser Family Foundation/Kennedy School of Government, 2004, <http://www.npr.org/programs/morning/features/2004/jan/kaiserpoll/principalsfinal.pdf>.
- 25 Landry, et al., "Abstinence Promotion and the Provision of Information About Contraception in Public School District Sexuality Education Policies," *Family Planning Perspectives*, Vol. 31, No. 6, November/December 1999.
- 26 Schuster, et al., "Impact of a High School Availability Program on Sexual Attitudes and Behaviors," *Family Planning Perspective*, Vol. 30, No. 2, March/April 1998.
- 27 Kirby, et al., "The Impact of Condom Distribution in Seattle Schools on Sexual Behavior and Condom Use," *American Journal of Public Health*, Vol. 89, No. 2, February 1999.
- 28 Janet S. St. Lawrence, Training manual for *Becoming a Responsible Teen*, pp. 20 & 21, and Jemmott, et al, Training Manual for *Be Proud! Be Responsible!*, p. 27.
- 29 Jaccard, et al., "Maternal Correlates of Adolescent Sexual and Contraceptive Behavior," *Family Planning Perspectives*, Vol. 28, No. 4, July/August 1996, p. 162.
- 30 ACLU Press Release, December 22, 1998.
- 31 Resnick, et al., "Protecting Adolescents From Harm: Findings From the National Longitudinal Study on Adolescent Health," *Journal of the American Medical Association*, September 10, 1997.
- 32 Bearman, et al., "Promising the Future: Virginity Pledges as They Affect the Transition to First Intercourse." (*pending publication - American Journal of Sociology*).
- 33 American Medical Association Council on Scientific Affairs Report 7 - I-99, "Sexuality Education, Abstinence, and Distribution of Condoms in Schools."
- 34 Joseph A. Olsen and Stan Weed, "Effects of Family-Planning Programs for Teenagers on Adolescent Birth and Pregnancy Rates," *Family Perspective*, 1987.
- 35 D. Kirby, et al., "Reducing the Risk: Impact of a New Curriculum on Sexual Risk-Taking," *Family Planning Perspectives*, Vol. 23, No. 6, November/December 1991.
- 36 Trevor Stammers, M.D., "Sexual Spin," *Postgraduate Medical Journal*, November 1999.
- 37 Gerald S. Oettinger, "The Effects of Abstinence Education on Teen Sexual Activity and Teen Pregnancy," *Journal of Political Economy*, University of Chicago Press, Vol. 3, No. 107, June 1999.
- 38 Richens, et al., "Condoms and Seat Belts: The Parallels and the Lessons," *The Lancet*, January 31, 2000.
- 39 Louis Harris and Associates, Inc., "American Teens Speak: Sex, Myths, TV and Birth Control," 1986.
- 40 Edward O. Laumann, Robert T. Michael and Gina Kolata (Boston: Little, Brown, and Company, 1994) p. 364.
- 41 *Ibid*.
- 42 Catherine K. Riessman and Naomi Gerstel, "Marriage Dissolution and Health: Do Males or Females Have Greater Risk?" *Social Science and Medicine* 20 (1985): p. 627-635.
- 43 *USA Weekend*, January 7-9, 1994, p. 11.
- 44 Landry, et al., "Abstinence Promotion and the Provision of Information About Contraception in Public School District Sexuality Education Policies," *Family Planning Perspectives*, Vol. 31, 6, November/December 1999, p. 285.
- 45 David Popenoe and Barbara Defoe Whitehead, "The State of Our Unions: The Social Health of Marriage in America 2000" (The National Marriage Project).
- 46 *An Analysis of Planned Parenthood's Annual Report (1998-1999)*, by Patricia Pitkus Bainbridge, Life Decisions International, Winter 2000.
- 47 Planned Parenthood Federation of America, "Responsible Choices in Action" 1998-99 Annual Report.

# OTHER RECOMMENDED RESOURCES FROM FOCUS ON THE FAMILY

**Let's Talk About Sex** When it's time for "the talk," this booklet will help you initiate an honest and candid discussion with your teen.  
*Complimentary LF612*



**No Apologies: The Truth About Life, Love and Sex** Delaying sexual involvement until marriage is a critically important and achievable standard for young people. This curriculum helps students identify the consequences associated with premarital sexual activity and practice the skills necessary to achieve the goal of premarital sexual abstinence.  
*For information and to request this resource, call our Resource Sales Group at 1-800-932-9123.*

**Also available . . .**

**No Apologies: The Truth About Life, Love and Sex (video)**  
*Suggested donation: \$15 (\$21 in Canada)\* FL202*

**No Apologies: The Truth About Life, Love and Sex (public school video)**  
*For information and to request this resource, call our Resource Sales Group at 1-800-932-9123.*





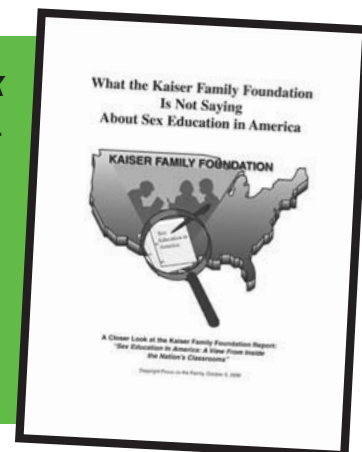
**Pure Excitement** Cut through the “safe-sex” lies and myths like “everybody’s doing it” with this powerful paperback by Joe White. You’ll read letters from teens who took a stand for purity and are now experiencing a lifetime of rewards. You’ll also hear from those who compromised and now regret their decision.

*Suggested donation: \$9 (\$13 in Canada)\* BF079*

### **What the Kaiser Family Foundation Is Not Saying About Sex Education in America**

In September 2000, the Kaiser Family Foundation published a report implying that most teachers, parents and students want MORE sex education. This Focus on the Family rebuttal shows that Kaiser was biased in producing and conducting the survey and its interpretations. Kaiser’s real purpose was to convince Congress to defund abstinence programs.

*Suggested donation: \$2 (\$3 in Canada)\* FC111*



**A Wolf in Sheep’s Clothing** An alert to faith groups, this special report exposes the carefully disguised schemes of liberal sex-ed organizations. If the church ignores their threat, it could suffer the same ramifications as the public school — where anything goes as long as it’s “consensual” and condoms are used.

*Complimentary FC103*

**Five Reasons You Need the "Piece of Paper"** Many couples consider living together before marriage a simple way to "test the waters." Discover five common misunderstandings about cohabitation and why a marriage certificate is far more than *just* a piece of paper. Package of 10.  
Suggested donation: \$3 (\$5 in Canada)\* LF240

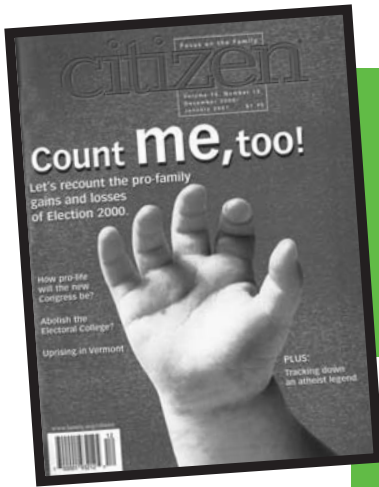


**Crossing the Line** Meet Nate and Jeremy, two high school guys who have a lot in common but chose different paths when it came to sexual activity. Teens will see how accountability and commitment to purity can be a positive force their whole life long.  
Suggested donation for each booklet: \$1.25 (\$1.75 in Canada)\* YC074

**Forever** Meet Jane and Sarah — two teens whose lives were heading down similar roads. But when they faced sexual temptation, one chose abstinence and one did not. Teens will learn a lot from reading the consequences of their true stories.  
Suggested donation for each booklet: \$1.25 (\$1.75 in Canada)\* YC073

**Hold on to Your Heart** This straightforward booklet speaks directly to teen girls about dating, love and sex. It's a must-read to discover the boundaries of healthy relationships.  
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**Citizen** This monthly magazine updates you on legislation, court decisions, education news and other current events affecting you and your family. *Citizen* keeps you informed.

One-year subscription.

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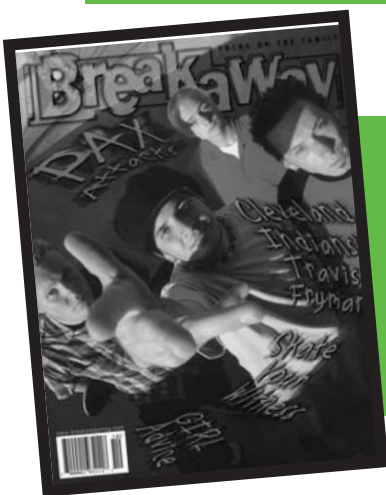
**Brio** A magazine with the inside scoop for teen girls, ages 12 to 16 — includes hot tips on everything from fashion and food to fitness and faith. One-year subscription.

*Suggested donation: \$18 (\$26 in Canada)\* TFSUB*



**Brio & Beyond** Designed for teen girls ages 16 and up, this magazine brings a Christian perspective to tough issues faced specifically by high school upperclassmen and college students. Its encouragement and helpful insights lift gals to the next level in their faith. One-year subscription.

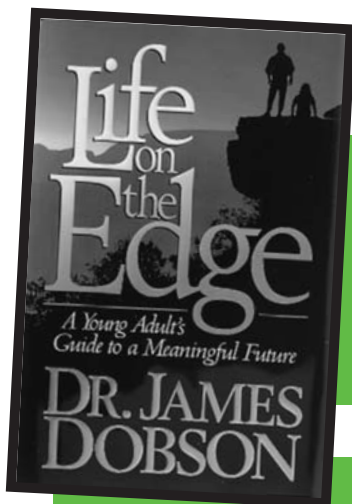
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**Breakaway** Teen guys will get the lowdown on sports, celebrities and girls in this cool magazine. Also includes advice, humor and spiritual guidance.

One-year subscription.

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**Life on the Edge** This best-selling book by Dr. James Dobson tackles the tough issues young adults face and helps them make wise decisions for an awesome future!

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**Focus on Education Three-Booklet Set** Do you think the Parent-Teacher Association (PTA) is about raising money for schools through bake sales and book fairs? Or that the National Education Association (NEA) exists to protect teachers? Or that the American Federation of Teachers (AFT) has your children's best interests at heart? This booklet set exposes the shocking truths behind these three powerful groups. Know the facts and tangible methods by which you can make a lasting impact for our children and our society!

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