

Sex and Teen Health

Sister Renée Mirkes, OSF, PhD

Just the other day, I viewed a TV ad that featured four local teens enlisting support from their peers for a just-say-no-to-smoking campaign. My initial reaction was upbeat. Smoking deserves to be publicly recognized as a potentially lethal threat to teen health.¹ But then I began to see the glass half-empty. Why don't I ever see a just-say-no-to-sexual activity promo on TV, radio, or the internet? How much longer, I wondered, will public health organizations, public social policy makers, and public educators treat adolescent sexual behavior like the stepchild of the teen health agenda?

The Problem

By that I mean, when will all public education programs that target teens and their health² take the same risk avoidance approach to teen sexual behavior that they use against teen smoking, drinking and drug use? Why, in respect to combating premarital sexual activity among adolescents, does conventional wisdom settle for a risk reduction—a “safe” sex—approach? I would bet my last dollar that few, if any, conscientious parent-citizens would support a program that helps kids *continue* to smoke by, say, supplying filtered cigarettes, and this without parental notification to boot. In ‘just-say-no-to-smoking’ campaigns teens are told the truth; smoking is an addictive, health hazard that could cause cancer, emphysema and eventually death. And the same risk-avoidance approach has been successfully employed against alcohol, drugs and violence.

So, here's my gripe: “safe” sex education advocates treat teen sexual behavior like a stepchild never to be given a status equal to its tobacco, alcohol, drugs and violence siblings. We tell teens that the way to reduce or prevent unplanned, out-of-wedlock pregnancies and STDs with their devastating long-term health effects is to “just have sex, but do it more safely.”

Is this goofy advice, or what? It certainly is, but unfortunately such politically correct nonsense is given a veneer of professional scientific legitimacy by health professionals' organizations as prestigious as the American Medical Association (AMA). Just last year, 500 AMA delegates approved a report in which researchers said that free distribution of condoms “was more successful in combating the problem of teen-age sexual activity than school-based abstinence-only programs.”³ Even more unsettling is the fact that not one of those 500 delegates had a single objection, call for clarification, or request for statistical proof despite the report's admission that “the findings on safer sex programs are inconsistent.” With this decision, the AMA has abandoned its own primary prevention model—risk avoidance—and joined its voice to that of liberals like Dr. David Satcher (Surgeon General under the Clinton Administration), Planned Parenthood, and The Sexuality Information and Education Council of the United

States (SIECUS) in praise of a risk reduction (so called safe sex) model in respect to teen sexual behavior.

Its Causes

Unfortunately, my uneasiness with this situation is all too familiar. First, a libertarian majority alleges total avoidance of risk through abstinence/chastity programs just does not make the grade. As part and parcel of a conservative agenda, such education flunks the political correctness test.

Second, powerful “safe” sex proponents stand to lose a great deal from a mainstream acceptance of abstinence-only programs. SIECUS, Planned Parenthood, condom and contraceptive manufacturers and the abortion industry have no intention of losing money or potential control over sex education in our country. The contraceptive/abortion arm of U.S. health care and pharmaceutical manufacturing make big profits off the 900,000 teens who become pregnant each year (a third of which seek abortions) and the three million teens newly infected each year with an STD.⁴

The third reason for organizations like the AMA in particular and cultural elites in general making insupportable statements about the superiority of safer sex education is that these folks are just plain stuck. As in trapped. For the sake of appearing consistent, they *must* uphold their politically correct nostrums about “safe” sex, even if it requires denying the

undeniable: despite an increased campaign to get teens to use a condom or the oral contraceptive, “safe” sex is not safe. And we've got the stats to prove it. [Ten percent of all sexually active teens are infected with chlamydia; sexually active adolescents and young adults are at greater risk for an STD because they are more likely to not bother with the protection. There are 5.5 million new infections of human papilloma virus (HPV) each year, and condoms provide scant protection against this infectious virus.⁵ Even if teens use a condom every time they have sex and follow the seven steps for correct usage, condoms do not provide complete protection against HIV and gonorrhea, provide even less protection from herpes type 2, trichomonas and chlamydia and provide almost no protection against bacterial vaginosis and HPV. Teen girls using oral contraceptives have a .5% chance of getting pregnant on the pill with perfect use. 25% of all teens using an emergency contraceptive (morning after pill) like Preven will have to resort to a surgical abortion since its contraceptive and abortifacient effects are not 100%.]

Fourth, if you hold that nothing trumps first amendment rights, you probably find yourself defending freedom of speech for “safe” sex education programs that focus on AIDS prevention and “tolerance education.” Take the program entitled “Outright Vermont” (OV). It's a project that leads high schoolers who are learning tolerance for those who opt for a homosexual/lesbian lifestyle to a website leading to an adult gay male porn site.⁶ The latter is very reminiscent of one of OV's workshops for 14 to 21 year-olds which provides

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how-to information on fisting (inserting the hand and forearm into a partner's rectum), explains how lesbians can experience sexual bliss by rubbing their clitorises together, and suggests to teens that semen taste sweeter if people eat celery before sex.⁷

Its Cures

First, hold the AMA, Planned Parenthood, SIECUS and the entire public health establishment accountable for their decisions, agendas, and advertising materials. If "safe" sex advocates cannot refute the findings of reputable studies like "The Declines in Adolescent Pregnancy, Birth and Abortion Rates in the 1990s: What Factors Are Responsible?" (sponsored by 13 state Physician Resource Councils), they need to admit they are wrong and that they have misled the public. The AMA needs to rescind its support of free condoms and oral contraceptive distribution unless it can disprove the following conclusions from "The Declines" study: 1) total contraceptive use by adolescent females has actually decreased during the 1990s; 2) the out-of-wedlock birthrate among sexually experienced and sexually active female teens has increased dramatically since 1988, despite a significant increase in condom use by this cohort; 3) condom use is not positively correlated with a reduction of out-of-wedlock teen births; 4) the decline in overall teen birth rate is primarily attributable to abstinent adolescents; 5) an unambiguous abstinence message is more consistent than the safer sex message with the dynamics responsible for the decline in the overall birthrate among teens; and 6) there is strong evidence that the abstinence message is effective and that abstinence education programs will play an important role in the future of healthy teens.⁸

Second, get acquainted with the present generation of teens. Baby-boomers and Gen-Xers have moved over giving way to the 21st generation of teens, the Millennials. And although young people of every decade have been capable of responsibility and self-discipline in respect to their sexuality, social indicators show that kids born between 1982 and 2002 "will entirely recast the image of youth from downbeat and alienated to upbeat and engaged—with potentially seismic consequences for America."⁹ This is good news. As social scientists point out, this generation could well be another "hero" generation (akin to the "GI" generation of the 50s) typified as righteous, smart and moral. That means the baby-boomer predilection for "love the one you're with" promiscuity could well be preempted by modesty, romance, saving sex for marriage, and the nuptial meaning of the body.

Third, get behind the existing Title V Abstinence Education programs and petition to expand the initiative beyond its expiration in 2001. Lobby to instate Title V as the premier sex education agenda for all public schools. Write to First Lady Laura Bush and encourage her to continue endorsing abstinence-only programs for our schools across the land.

Fourth, reinstate parents as the primary sex educators. Reclaim the concept of delegated authority from parents to educators. Educators teach sex education in schools because parents have given them permission to assist in this task, all the while reserving the right to a) approve and/or design the curriculum and b) to withdraw their child from any instruction

whose content or timing is deemed inappropriate.

Fifth, level the playing field for parents, educators and kids as far as the goals and required skills for age appropriate sex education programs. Studies demonstrate that when parents disapprove of teen sexual activity with its concomitant condom/contraceptive armentarium, their disapproval is instrumental in delaying the sexual activity of their children. Wendy Shalit is right to complain when parents, instead of saying to their kids: "Hey you, what are you *doing?*," say "Hey you, what are you *not* doing?"¹⁰

Sixth, connect the dots. Then expose the connection, for example, between Planned Parenthood's family planning package and our failing families, between "safe" sex education programs and nonmarital births, between children of single parent families and a higher likelihood for poverty, poor health, abuse and neglect.

Seventh, design and implement marriage and courting classes in high schools throughout the U.S. Adolescents must be taught that the reasons for abstinence before marriage far exceed the fear of AIDS and STDs. Reserving sexual activity for marriage has a good chance of spelling health for the young person not only in the physical realm, but intellectually, emotionally, morally and spiritually.

In conclusion, it should be good-by to stepchild status; hello to that just-say-no-to-sexual activity campaign with its abstinence/chastity education for which we've all been waiting—and praying. ☩

¹ Any reference in this article to teen health implies the comprehensive meaning endorsed by the World Health Organization (WHO) in 1958: "a state of complete physical, mental, and social well being." The goal of teen anti-smoking, drugs, alcohol, violence and sexuality campaigns is also to be understood in the holistic sense of the physical, mental, spiritual, emotional and social well-being of adolescents.

² Since 1996 and the enactment of Title V abstinence-only programs, some states have opted for federal subsidies for sex education which teaches teens that not only is it entirely possible to be a teen and to remain abstinent, but also the majority of females between 12 and 19 have never had sex.

³ Dr. Laura Schlessinger, "Why not 'just say no'?" *Jewish World Review*, Jan 20, 2000/13 Shevat, 5760.

⁴ www.medinstitute.org/medical/faq.htm. Centers for Disease Control. (1997, April 7). "CDC Recommendations for Preventing Sexual Transmission of HIV and other STDs." *CDC Update*, 2; Cotes, W. Jr. & Stone, K.M. (1992, March/April). "Family Planning, Sexually Transmitted Diseases and Contraceptive Choice: A Literature Update-Part I." *Family Planning Perspectives* 24(2): 75-84.

⁵ *Ibid.* NIH (April-3,'96): Cervical Cancer: NIH Consensus Development Statement, Online, 43(1), 1/30. American Social Health Assoc. ('98, Dec) "Sexually Transmitted Diseases in America." MPk, CA: KFFoundation.

⁶ Stanley Kurz, "The Problem with Equivalence." *National Review*, 01/26/01 (www.nationalreview.com).

⁷ Needless to say, teens and pre-teens seeking refuge in "outercourse" or oral sex are being infected with oral herpes and pharyngeal gonorrhea at an unprecedented rate. The response of "safe" sex education brokers? Teach them the specifics of oral and anal sex and show them how to use condoms and dental dams. Kay S. Hymowitz, "It's Just Sex," Winter issue, 01, *City Jnl*

⁸ Cf. www.sexrespect.com/Consortium.html

⁹ Neil Howe and William Strauss, *Millennials Rising: the Next Generation* (Santa Barbara, CA: Vintage Press, 2000).

¹⁰ Wendy Shalit, *Return to Modesty* (New York: Free Press, 1999), 201.

¹¹ Candi Cushman, "Problem Parents," 01/22/00, *World* (www.worldmag.com)