

The Stepchild of Teen Health

By Sister Renée Mirkes, O.S.F.

Just the other day, I viewed a television advertisement that featured four local teens enlisting support from their peers for a just-say-no-to-smoking campaign. My initial reaction was upbeat, of course. 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 television, radio or the Internet? How much longer, I wondered, will public health organizations, public social policymakers and public educators treat adolescent sexual behavior like the stepchild of the teen health agenda?

The Problem

By that I mean, when will all government 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 teen anti-smoking campaign modeled on a risk-reduction plan. Any right-thinking person would be up in arms over a program that helps kids

continue to smoke by, say, supplying filtered cigarettes, and this without parental notification to boot. Just-say-no-to-smoking campaigns have been successfully implemented to the extent that they are realistic and to the degree that their developers square with the kids they are targeting. Teens are told the truth; smoking is an addictive, health hazard. Smoking can 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



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teens that the way to reduce or prevent unplanned, out-of-wedlock pregnancies and sexually transmitted diseases (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 avoided straight talk with parents and kids and endorsed teen sexual activity despite its proven threats to teen health and well-being. These physicians 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 such as Dr. David Satcher (surgeon general in 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.

The message to teens? We'll help you continue your sexual activity. We'll make it safe by supplying you with condoms, oral contraceptives, emergency contraceptives and abortion as back up

contraception, and we won't tell your parents about any of it!

Its Causes

Unfortunately, my uneasiness with this situation is all too familiar. First, a libertarian majority alleges that total avoidance of risk through abstinence/chastity programs does not make the grade. As part and parcel of a conservative agenda, such education flunks the political correctness test. But I would argue that this sex and teen health debate has the same "smell" as that swirling around embryonic stem-cell research, for example, where sound science and genuine health concerns are being sacrificed at the altar of libertarian ideology.

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 money off the 900,000 teens who become pregnant each year (a third of which seek abortions) and the 3 million teens newly infected each year with an STD.⁴

The third reason for organizations — such as the AMA in particular and cultural elites in general — making insupportable statements about the superiority of "safe" sex education is that these folks are 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 not to bother with 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. Twenty-five percent of all teens using an emergency contraceptive (morning after pill) like Preven will have to resort to a surgical abortion since it is not 100 percent effective. The only 100 percent way for teens to be 100 percent confident of avoiding infections from STDs and nonmarital pregnancies is abstinence from sexual activity until marriage with an uninfected spouse.

"Safe" sex proponents are impaled on their own swords; they're held hostage by their own leftist ideology with its satellite theories of gender equity, family diversity, government family-planning policy including reproductive rights for underage teens, and the absolutization of First Amendment rights.

It follows, therefore, that if you are a person who espouse gender equity or gender parity, there is a good chance that you are also a "safe" sex advocate. It only follows logically. If you hold that the bifurcation of the human race

into male and female has no intrinsic meaning and that gender is a relativistically constructed phenomenon, you will also approve a safer-sex education program that does nothing to help teens understand what it means to be sexual, or whether it is a good thing to be sexually active in the first place.

Similarly, let's say you are of the mind that marriage and family can be defined with a plurality of forms. You then assign equal validity to homosexual and heterosexual unions and equal acceptability for mom/dad/children arrangements as for male/male/child or female/female/child living alternatives. Given that conviction, you could, quite naturally, also support "safe" sex education. After all, the latter teaches — with a similar disregard for the truth about human nature and the finding of a life science like virology — that while unprotected sex is risky behavior, protected sex isn't.

So, too, if you subscribe to a value-free sex-education program that interprets "liberated" in the sexual arena to mean that one does whatever one pleases, on what grounds could you object to a hyper-romanticized version of teen sex à la Hollywood with its teen-sex idols such as, say, Britney Spears? What objection could you raise to a female teen that might discourage her from fantasizing that she, like Spears, can dress and act like a prostitute and come up with a good guy like Justin Timberlake? Especially, given the "safe" sex agenda, how could you advise a girl against such when, all the while, you are equipping her with protection from the bad boys she will probably attract?

And, of course, 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

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 birthrate 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.⁷

Second, get acquainted with the present generation of teens. Baby boomers and Gen Xers have moved over, giving way to the next 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.”⁸ This is good news. That means the baby-boomer predilection for love-the-one-you’re-with promiscuity could well be pre-empted by modesty, romance and saving sex for marriage. More than bygone teen generations, it appears the Millennials would welcome a risk avoidance model of abstinence/chastity sex education. As the primary goal of their social life, Millennials would appreciate the wisdom of relating to persons of the opposite sex nongenitally and as friends.

Third, get behind the existing Title V Abstinence Education programs and petition to expand the initiative beyond its expiration in 2001. Lobby for 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 armamentarium, 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?”⁹ To put parents and kids on the same page, sexuality education for parents should be conducted contemporaneously with that of their children.

Some statistics show that adolescents have higher moral standards than their parents. A nationwide poll sponsored by the Nickelodean channel and Time magazine revealed that, while parents on the average gave the age of 18 as an appropriate age for sexual intercourse, 76 percent of the polled adolescents agreed “it was somewhat or very important to wait until marriage,” and the other 24 percent, on average, cited 23 as the appropriate age for sexual activity.¹⁰ Only after parents are adequately educated can they fulfill their irreplaceable mission to form their children in virtue, including the virtue of chastity.

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 chil-

dren 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 United States. 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 physi-

cal realm, but also intellectually, emotionally, morally and spiritually.

Backed by substantive research, Maggie Gallagher and other social scientists demonstrate that married people are healthier, happier and more prosperous than the unmarried, genitally active. Indeed, marriage is Divine-designed with the human person in mind. It is an institution that provides a life vocation for a man and a woman who personally and as a couple have a real opportunity to come to a greater self-realization through a free and total gift of self.

In conclusion, we've not a minute to waste. We must be sedulous in working to convince parents, educators and public health organizations that sexual activity is as much a threat to teen health as its siblings of drugs, alcohol, tobacco and violence. So it should be goodbye to stepchild status and hello to that just-say-no-to-sexual-activity campaign with its abstinence/chastity education for which we've all been waiting — and praying. ✚

Endnotes

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 that the majority of females between 12 and 19 have never had sex. These programs equip adolescents with medically and socially accurate information about sexual promiscuity and with knowledge, character development and skills on how to remain abstinent or to adopt secondary virginity once sexually active.

3 Dr. Laura Schlessinger, "Why not 'just say no'?" *Jewish World Review*, Jan. 20, 2000/13 Shevat, 5760. It is hard to believe that not one of the 500 AMA physicians countered with the conclusion of The Center for Disease Control that "perfect" condom use (a condom worn correctly every time a person has sex) offers only varying degrees of protection against various infections. More importantly, the CDC points out that condoms, when used inconsistently, "offer little more protection than when they are not used at all." The latter is significant because study after study reveals that, for teens, there is low correlation between knowledge of and access to condoms and consistent and correct use. Cf. FAQ About Title V Abstinence Education Program, from the National Coalition for Abstinence Education.

4 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. National Institutes of Health (April 1-3, 1996): Cervical Cancer: NIH Consensus Development Statement, Online, 43(1), 1-30; American Social Health Association (1998, December) "Sexually Transmitted Diseases in America: How Many Cases and at What Cost?" Menlo Park, CA: Kaiser Family Foundation.

6 Stanley Kurz, "The Problem with Equivalence." *National Review*, Jan 26, 2001 ().

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

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

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

10 Candi Cushman, "Problem Parents," Jan. 22, 2000, *World*.



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