

Findings



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The Case for Abstinence

Why comprehensive sex education sends the wrong message

By Alysse ElHage



Across North Carolina, efforts are underway to change what children learn about sex in the classroom. Proponents of comprehensive sex education want to eliminate the current emphasis on abstinence until marriage and replace it with programs that advocate masturbation, encourage condom use and promote homosexuality.

These efforts are not new. North Carolina's Abstinence Until Marriage (AUM) law has been under attack since 1995, when the General Assembly passed a bill that required the teaching of abstinence in school districts statewide. The law states that "abstinence from sexual activity outside of marriage is the expected standard of behavior for all school-age children" and requires that students be taught that "a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases."¹ Opponents of the law claim that the abstinence-only message is discriminatory, medically inaccurate and unrealistic.

As the debate over sex education continues in North Carolina, policy makers, educators and parents are faced with a central question: What is the objective of sex education? Is it primarily to reduce the consequences of teen sexual activity, such as out-of-wedlock pregnancy and sexually transmitted disease? Or is the objective to reduce the sexual activity that puts teens at risk in the first place? The General Assembly answered that question in 1995 with the passage of the AUM law, but proponents of comprehensive sex education have continued to promote the dangerous, so-called "safe" sex agenda in the legislature and at local school boards across the state.

In order to gain a clear understanding of the issues involved in this debate, it is important to examine the reality of comprehensive sex education and to address some of the most common arguments against abstinence until marriage programs.

Comprehensive Sex Education

What is comprehensive sex education? Advocates like to use words such as "reality-based," "responsible," and "medically accurate" to describe these programs. Other terms include "abstinence-plus" or "abstinence-based." These terms should not

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be confused with true abstinence until marriage programs, as they are simply comprehensive sex education in disguise.

The Planned Parenthood Federation of America, one of the leading proponents of comprehensive sex education, defines it as age-appropriate education from kindergarten through 12th grade, which "seeks to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them acquire skills to make decisions now and in the future."² This includes providing adolescents with information on topics such as, sexual orientation, abortion, and how to use contraceptives.³

It is important to take a closer look at a few comprehensive sex education programs in order to have a better understanding of

the message they promote. One example of a program used here in North Carolina is *Reducing the Risk*, which is designed for grades 9 to 12. This program is promoted by the Centers for Disease Control and Prevention (CDC) as one of their "Programs that Work" and is supposedly "abstinence-based." The curriculum includes a section on "Protection: Myths and Truths," which informs teens that "You do not need a parent's permission to get birth control at a clinic. No one needs to know that you are going to a clinic." A homework assignment involves sending students to the store to "get prices and descriptions" of condoms and foam.⁴ The *Reducing the Risk* curriculum is used in Chapel Hill-Carboro City schools.⁵

Be Proud, Be Responsible is another one of the CDC's "Programs That Work" that is promoted in North Carolina. This program is designed for students as young as age 13. One suggestion under brainstorm activities for "How to Make Condoms Fun and Pleasurable" suggests that teens hide condoms on their bodies and ask their partners to find them. Another suggested activity is "Tease each other manually while putting on the condom." The curriculum also includes role-play assignments for negotiating condom use that involve female and male homosexual situations. One scenario involving a lesbian relationship says, "You can accept your bisexuality."⁶

Some advocates of comprehensive sex education also promote "safer" alternatives to vaginal sex for teens. "Outercourse" is the term used to describe sexual activities that do not cause pregnancy. According to Planned Parenthood, outercourse activities can include body-to-body rubbing, mutual masturbation, viewing pornography, and even oral and anal sex.⁷ On their web site under "Birth Control Choices for Teens," Planned Parenthood discusses the advantages of outercourse, stating that it is "nearly

100 percent effective” and “can be fully satisfying without the risks of sexual intercourse.”⁸ *Be Proud, Be Responsible* is an example of a sex education program that uses this approach. The curriculum includes a stoplight analogy for giving teens information on appropriate or “safe” behavior. A few examples include:

- Oral sex without a condom: Red light
- Oral sex with a condom: Yellow light
- Having sex with multiple partners and using a condom: Yellow light
- Body rubbing: Green light
- Showering together: Green light.⁹

These are just a few examples of the programs that proponents of comprehensive sex education want to see implemented in every school system in North Carolina. Are these the kinds of lessons that adolescents should be learning about sexual activity?

Why Marriage is the Standard

North Carolina’s Abstinence Until Marriage law requires that students be taught that a “mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases.”¹⁰ Those who promote a shift to comprehensive sex education in North Carolina want to eliminate the emphasis on marriage, arguing that the word “monogamous” is more medically accurate. However, teaching kids that any monogamous sexual relationship outside of marriage is the safest way to avoid sexually transmitted diseases is misleading and dangerous. Marriage is central to a strong abstinence message for several reasons.

Monogamy works best inside of marriage, not outside of it. People who become sexually involved outside of marriage at an early age are more likely to have a number of sexual partners over the course of their life. Serial monogamy, or having sex with only one partner at a given time, is not the same thing as having sex with only one person over a lifetime. Teens need to understand that when they have sex with someone, they are exposing themselves to any sexually transmitted diseases (STDs) carried by every other person their partner has ever had sex with. The more sex partners a person has and the earlier they become sexually active increases their risk of contracting a STD.¹¹

In cohabiting relationships (living together outside of marriage), monogamy is rare. The majority of cohabiting relationships end before marriage, and cohabiting couples that do get married are twice as likely (as couples who do not cohabit) to

divorce.¹² Cohabiting couples have also been found to be less sexually exclusive than married couples. According to the National Sex Survey, 16 percent of cohabiting men and eight percent of cohabiting women said they had been unfaithful to their partner in the past year, compared to four percent of married men and only one out of 100 married women.¹³

Sex that occurs inside of marriage is best for other reasons as well. Abstinence from sex until marriage not only protects teens from the risk of out-of-wedlock pregnancy and sexually transmitted diseases, it also protects them from the other effects of premarital sexual activity, such as emotional heartache.

Marriage offers a safeguard that no monogamous sexual relationship can offer, and this fact needs to be imparted to teenagers as a reason to choose abstinence.

Marriage brings with it at least the promise of forever and sexual exclusivity, along with a legal contract that publicly recognizes that union. In this way, marriage serves as a protector of the sexual union, guarding not only a person’s physical well-being but their mental and emotional health as well.¹⁴ Marriage offers a safeguard that no monogamous sexual relationship can offer, and this fact needs to be imparted to teenagers as a reason to choose abstinence.

Homosexuality and Sex Education

One of the most common objections to North Carolina’s AUM law is that it discriminates against homosexuals, particularly students who may be questioning their sexual orientation. Opponents of the law object to the emphasis on heterosexual sex as the expected standard of behavior and the requirement that “any instruction concerning the causes of sexually transmitted diseases...in cases where homosexual acts are a significant means of transmission” include the current legal status of those acts.¹⁵ Under the state’s crime against nature statute, individuals who engage in oral and anal sex (sodomy) are committing a Class 1 felony and, if convicted, could serve time in jail or pay a fine.¹⁶ Comprehensive sex education proponents want to eliminate the emphasis on “heterosexual” and the requirement that students be informed about the state’s sodomy law. These efforts represent

ongoing attempts to normalize the homosexual life-style and open the door for the promotion of this behavior in the classroom.

Homosexual sex is considered by medical professionals to be one of the highest risk behaviors for contracting STDs, including HIV/AIDS. According to the American Foundation for AIDS Research (AmFAR), the risk of contracting HIV is five times greater with anal sex than vaginal sex.¹⁷ Men who have sex with men account for 42 percent of new HIV infections in the U.S. and for 60 percent of all new HIV infections among men, according to the Centers for Disease Control and Prevention (CDC).¹⁸ Researchers at the 2001 San Francisco HIV Consensus Meeting concluded from recent studies that the rate of new HIV infections among homosexual men in San Francisco has more than doubled since 1997.¹⁹

High risk behaviors are on the rise among homosexual men. According to the CDC, the proportion of men reporting having unprotected anal sex and multiple sex partners increased from 23.6 percent to 33.3 percent from 1994 to 1997, with the largest increase among homosexuals 25 years of age or younger. During the same period, the proportion of homosexuals who reported engaging in anal sex increased from 57.6 percent to 61.2 percent, while the percentage of those reporting “always” using condoms declined from 69.6 percent to 60 percent.²⁰

Oral sex is another means of contracting STDs, including HIV. At a recent CDC conference, a San Francisco study reported that at least 7.8 percent of recently HIV-infected homosexual men had contracted the virus through oral sex.²¹ Another serious disease that can be contracted through oral sex is the human papilloma virus (HPV). New studies have linked it with oral cancer in both men and women.²² Because HPV is passed through skin-to-skin contact, condoms have been found to provide little if any protection against the disease.²³

Studies show that most homosexuals are not monogamous, with the majority of homosexuals having multiple partners over the course of their life. A 1997 study found that 91 percent of the homosexual men surveyed reported having had an average of 43 male sexual partners in their lifetime.²⁴ Another study of more than 2,000 older homosexual men reported in the *Journal of Sex Research* found that only 2.7 percent claimed to have sex with one partner only, while 21.6 percent claimed to have had one-hundred to five-hundred lifetime sex partners.²⁵ Even with monogamous homo-

sexual sex, there are serious health risks. Anal intercourse, even with a condom, is damaging to the body and can lead to rectal damage and long-term gastrointestinal infections. Because this area of the body was not designed for intercourse, it can tear and rupture easily, leading to bleeding, lacerations, and open sores.²⁶

Teaching young people that homosexual activity is unsafe is not a morality statement but a medical fact. Homosexual sex is a dangerous activity that should not be presented to children as an acceptable lifestyle. Doing so endorses a behavior that will damage our children's bodies and put them at greater risk of contracting life-threatening diseases. Students who are questioning their sexual orientation should take their concerns home to their parents or to a trusted family member. The public school classroom is not the appropriate setting for such discussions, especially with a captive audience of impressionable teens, who are still trying to figure out who they are.

Condoms are Not the Solution

Proponents of comprehensive sex education often accuse abstinence until marriage programs of providing "medically inaccurate" information about condoms. They contend that comprehensive programs give students the "truth" about condoms, which includes showing students how to use condoms and making them available to students. The North Carolina General Assembly passed the AUM law because under comprehensive sex education, students were not being told the truth about the risks of sexual activity outside of marriage or about the inability of contraceptives to protect them.

When it comes to the facts about contraceptives, teens need to know that condoms can only reduce the risk of contracting some STDs—and only when they are used correctly 100 percent of the time. Condoms do not eliminate the risk, and they have been found to offer little, if any, protection against some of the most dangerous STDs.

A report published in July 2001 by the National Institutes of Health (NIH) found "insufficient evidence" to draw conclusions about the effectiveness of the male latex condom in preventing the spread of some STDs, including gonorrhea in women, chlamydia infection, genital herpes, syphilis and chancroid.²⁷ The report states that much of the research on condoms is "inadequate" and more research is needed to assess their effectiveness in preventing these diseases.²⁸

According to the NIH, male condoms are most effective in preventing HIV for

both men and women "who engage in vaginal intercourse" and who "always" use a condom. With consistent use, the report estimates that condoms can decrease the risk of HIV/AIDS transmission by approximately 85 percent.²⁹ This leaves about a 15 percent chance of contracting HIV/AIDS, even with consistent condom use. The risk of becoming pregnant while using condoms is estimated at about 14 percent during the first year of typical use.³⁰

In addition, the NIH report concluded that there "was no epidemiologic evidence that condom use reduced the risk of HPV [human papilloma virus] infection."³¹ This is because HPV is transmitted by skin-to-skin contact from areas not covered by a condom. HPV is the most prevalent STD among young, sexually active people today, with some 20 million infected in the United States. The HPV infection is present in over

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99 percent of cervical cancers.³² Other STDs that can be transmitted by skin-to-skin contact include genital herpes and syphilis.³³

It is important to note that the majority of studies on condom effectiveness are conducted under laboratory conditions. When presenting information about condom failure rates, actual *in-use* failure rates are much more accurate than laboratory tests. The fact is that most teens who have sex will not be in a laboratory under perfect conditions. According to the Medical Institute for Sexual Health, condom slippage and breakage rates range from two to four percent for most users each occurrence. This means that after 100 episodes of intercourse with a three percent breakage and slippage rate per occurrence, 95 percent of individuals will have experienced at least one condom break or slip.³⁴

We are talking about adolescents having sex, not adults. The chances of teens using condoms every time they have sex and using them with 100 percent accuracy are very slim. Even adults who use condoms on a regular basis do not use them perfectly every time. One study of male college students who used condoms consistently found that one in three were exposed to pregnancy or STD risk in the prior month due to either incorrect use or condom failure.³⁵

Recent studies also indicate that condom use among adolescent couples tends to

decrease with time as relationships progress. A study published in the *American Journal of Public Health*, which evaluated condom use patterns in females age 13 to 22, found that condoms were used in 66 percent of "first-time sexual encounters" with a new partner, but after 21 days in a new relationship, condom use decreased to 43 percent.³⁶

Condoms are not the answer to reducing pregnancy and STDs among adolescents, and health educators should not encourage condom use. By doing so, they send teens the inaccurate and dangerous message that condoms can protect them from the risks of premarital sexual activity. The so-called "safe-sex" approach that endorses condom use has had decades to make an impact on the sexual health of young people. Up until the early 1990's, teen pregnancy and STD rates were skyrocketing. Although rates have been declining recently as abstinence programs have become more widespread, more than 15 million people become infected with one or more STDs each year. Of these infections, 25 percent occur in teenagers.³⁷ Teens need to know that abstinence from sexual activity until marriage is the only 100 percent effective way to eliminate the risk of contracting an STD or becoming pregnant.

More Than Physical Consequences

Comprehensive sex education programs, which focus primarily on reducing the consequences of teen sexual activity, tend to emphasize the physical aspects of sex. Any completely accurate discussion of sex should include more than just the physical. Sex is an emotional, psychological and spiritual union. Therefore, it has an impact on a person's emotional and mental well-being, particularly if it takes place outside of marriage. According to the CDC, early sexual activity is associated with negative effects on social and psychological development.³⁸

Early sexual activity has also been linked to drug and alcohol use among teens. According to a 1999 National Center on Addiction and Substance Abuse study, teens who drink alcohol are seven times more likely to have sexual intercourse than those who do not, and teens who use illegal drugs are five times more likely to have sexual intercourse than those who do not.³⁹ The use of drugs and alcohol can lead to a number of additional long-term health problems, such as abuse, addiction and even death.

Teenagers who are sexually active risk more than just pregnancy or disease. Some of the most painful consequences of premarital sex, such as the emotional and psychological effects, cannot be avoided with condoms or birth control pills. They

can only be eliminated by delaying sexual activity until marriage.

A Reality-Based Message

Another common accusation against the abstinence message is that it is not based on reality. Proponents of comprehensive sex education argue that teens are going to have sex anyway, so educators have a responsibility to provide them with the information and tools they need to have sex “safely.”

The reality is that there is no such thing as “safe” sex outside of marriage. At best, condoms and other contraceptives can only reduce the risk of pregnancy and some STDs. As difficult as it may be for some people to hear, the only “safe” sex is sex that occurs within marriage.

But is it “unrealistic” to expect teens to remain abstinent in today’s sex-saturated world? Teens face enormous pressures to engage in premarital sexual activity. This pressure is not just coming from their peers but also from television, movies, radio and the Internet. However, the pressures that teens face should never be used as an excuse to abandon the abstinence message. Instead, it should serve as an even greater incentive for educators to help adolescents choose abstinence from sex until marriage. The assumption that they are going to “do it anyway” does not do justice to the ability of teens to exercise self-control. We should expect more from young people, instead of treating them like they are unable to control their sexual desires simply because of their hormones. If we set high expectations, the reality is that most teens will rise to meet those expectations.

What about the sexually active adolescent? This is one of the most important questions in the debate over sex education in the public schools. It is also the most powerful strategy used to justify the “safe” sex message. Proponents of comprehensive sex education claim that abstinence until marriage programs put sexually active teens at risk by not providing them with the information they need to protect themselves from unwanted pregnancy or STDs.

Abstinence until marriage programs do not ignore the subject of contraception, but they differ from comprehensive programs in their approach and objective. The goal of AUM programs is not to encourage condom use but to discourage sexual activity among adolescents. This means that adolescents will not be shown how to put a condom on a cucumber, or be given a homework assignment that involves going to the store on a condom hunt. However, they will be given the facts about the effectiveness and failure rates of condoms and other contra-

ceptives. More importantly, teens will hear the most important message they will ever need to fully protect themselves from the life-altering consequences of premarital sexual activity—that abstinence from sex until marriage is only the 100 percent effective way to eliminate the risk. Which message does the sexually active teen need to hear more—that they should use condoms, or that they should refrain from the sexual activity that is putting them at risk?

The best choice for young people is to completely eliminate the risks of premarital sexual activity through abstinence.

Abstinence is Working

According to 1999 CDC reports, 49.9 percent of all teens in grades 9 through 12 reported having had sex—representing a decline for the first time in 20 years.⁴⁰ The CDC also reports that the national teen pregnancy rate is continuing to decline and hit a record low in 1997, dropping 21 percent since 1990.⁴¹ Abortion rates among teenage girls have declined as well by nearly one-third during the same period.⁴²

In North Carolina, teen pregnancy and abortion rates have dropped significantly over the past decade. The teen pregnancy rate (per 1,000 females age 15-19) has dropped from 105.4 in 1990 to 78.0 in 2000.⁴³ The state’s teen abortion rate (per 1,000 females age 15-19) dropped from 36.5 in 1990 to 17.0 in 2000.⁴⁴ Sexually transmitted diseases among teens age 13 to 19 in North Carolina have been dropping as well. For example, the number of early syphilis cases among teens has dropped sharply since the early 90’s, from 622 in 1992 to 61 cases in 2001.⁴⁵ Gonorrhea cases among teens have dropped as well, from 11,983 cases in 1991 to 4,659 in 2001.⁴⁶ Chlamydia rates among teens remain high but have also been declining since 1999.⁴⁷

Recent studies show that teenagers have the desire to choose abstinence. For example, the National Longitudinal Study of Adolescent Health confirms the effectiveness of sexual abstinence pledges to delay sexual activity. According to the study, which was reported in the *American Journal of Sociology*, teens who took a pledge to abstain from sexual activity until marriage maintained their virginity an average of 18 months longer than teens who did not make an abstinence pledge. Taking a pledge to remain abstinent was the highest

indicator that a teen would not engage in early sexual behavior. More than two and a half million teens have taken such pledges.⁴⁸

Studies also indicate that teens want a strong abstinence message. According to a recent survey of teens ages 12 to 17 by the National Campaign to Prevent Teen Pregnancy, 93 percent of young people said that teens should be given a strong message from society not to engage in sexual activity at least until they are out of high school. In addition, 58 percent of the teens surveyed said that “sexual activity for high-school age teens is not acceptable, even if precautions are taken against pregnancy and sexually transmitted diseases.”⁴⁹

The Best Choice

When it comes to sex education, the most important question policy makers and health educators should ask is “What is best for young people?” Early sexual activity—even with condoms, birth control pills and ready access to abortion—is not the best. In addition to the physical consequences, there are emotional and psychological consequences to engaging in sexual activity as an unmarried young person that no condom or birth control method can protect against. Teens are still developing mentally, emotionally and physically, and they need the guidance of adults to help them make healthy decisions about their lives. The best choice for young people is to completely eliminate the risks of premarital sexual activity through abstinence.

We tell adolescents not to drink or take drugs or smoke, and try to help them develop the skills they need to resist peer pressure to do so. Comprehensive sex education is like telling teens not to take drugs and then providing them with “clean” needles to inject drugs intravenously, or telling them not to smoke, and then giving them low tar cigarettes just in case they do. Expecting teens to abstain from taking drugs or smoking under these circumstances would be unrealistic. The same is true for sex education. Just as we expect teens not to take drugs or smoke, we must also help them to understand that there are good reasons to delay sexual activity until marriage. The standard for North Carolina is abstinence from sex until marriage, and this standard should not be lowered simply because some teens may become sexually active anyway.

The goal of responsible sex education should not be sex without consequences for teens. It should be to eliminate those consequences altogether by reducing adolescent sexual activity. Educators should use information about the consequences of

sexual activity to show young people what they are risking every time they engage in premarital sex. This approach is known as directive education because it allows teens to reach the conclusion on their own that abstinence from sexual activity until marriage is the best choice they can make for their lives.⁵⁰ Abstinence education is not about telling teens to “just say no” but about helping them to develop the skills they need to avoid behaviors that will put them at risk for sexually transmitted diseases, out-of-wedlock pregnancy, emotional heartache and psychological distress.

Conclusion

The General Assembly acted appropriately in 1995, when it passed the Abstinence Until Marriage law and set the standard for sex education in the state’s public schools. Local school districts should not cave in to mounting pressure from those who advocate the dangerous “sex without consequences” message that promotes condom use, risky sexual activities and the homosexual lifestyle among young people. Abstinence education needs to be strengthened in North Carolina, not weakened or replaced by comprehensive sex education programs that wrongly focus on reducing the consequences of teen sexual activity and do nothing to eliminate the behavior that puts teens at risk.

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Selected Abstinence Resources

Abstinence Clearinghouse

www.abstinenceclearinghouse.net
1-888-577-2966

Everyone is NOT Doing It

www.MikeLong.com
1-866-MIKELONG

Friends First

www.friendsfirst.org.
1-800-909-9248

No Apologies: The Truth About Life, Love and Sex

www.focusresources.org
1-800-932-9123

Project Reality

www.projectreality.org
1-847-729-3298

Teen-Aid

www.teen-aid.org
1-800-357-2868

True Love Waits

www.truelovewaits.com
1-800-588-9248

The resources listed are provided for information only and do not necessarily constitute an endorsement by the North Carolina Family Policy Council.

Tips for Parents

Under North Carolina’s Abstinence Until Marriage law, schools are required to teach abstinence from sex until marriage. However, comprehensive sex education is currently taught in some schools. Before a comprehensive sex education program can be adopted by any school system, the local board of education is required to conduct a public hearing and make the proposed curriculum available to the public 30 days prior to the hearing and 30 days after. Following are some steps parents can take to find out what is being taught at their child’s school:

- Contact the local school system and request a copy of the sex education curriculum being used.
- Be aware that a curriculum calling itself “abstinence-based” or “abstinence-plus” may not necessarily teach abstinence-only but may present a mixed message that includes information on contraception, homosexuality and risky sexual activities.
- If your school is already teaching comprehensive sex education, ask about the school’s “opt-out” policy. You can remove your child from any class you feel is inappropriate.
- If your school system is considering adding comprehensive sex education to the existing program or if they already have one, you can: educate yourself about the issue, contact the superintendent and school board members to express your concerns, and organize a group of like-minded citizens to attend board meetings and speak out.
- Training and resources to help schools implement a strong abstinence education program are available. See “Abstinence Resources” list.

Organized in 1992, the North Carolina Family Policy Council is a nonpartisan, nonprofit, research and education organization. Our goal is to serve as a voice for families and traditional family values in the public policy arena. We are supported solely by private contributions which are tax deductible as provided by law. Our mailing address is P.O. Box 20607, Raleigh, NC 27619. Phone: (919) 807-0800. Fax: (919) 807-0900. *Findings* is a publication of the North Carolina Family Policy Council which is intended to communicate research findings and perspectives on public policy issues that affect the family. Nothing written here should be construed as necessarily reflecting the views of the North Carolina Family Policy Council or as an attempt to aid or hinder the passage of any bill before Congress or the North Carolina General Assembly. Printed April 2002.