

Touring a quagmire: Public Sex Education – Part I

John H. Calvert, J.D.*

I heard that John Kerry is opposed to abstinence sex education. He says he favors programs based on science rather than ideology.

This position seem odd in light of what I learned at two recent sex education programs in Kansas City. One half-day conference focused on a question driven by the data rather than an ideology: *Is there a medical necessity for abstinence sex education?* An internationally known contraceptive expert and highly regarded gynecologist, Patricia Sulak, M.D., answered the question with a resounding “YES.” Her conclusion was confirmed a few days later by nearly all the speakers at a regional three-day conference focused on *Bridging the gap between abstinence only and comprehensive sex education*. The gap needs to be bridged, because the data is showing that abstinence optimizes both mental and physical health.

Sex education is mind numbingly depressing. You start listening and wonder where they put the barf bags. You hear about teens having rainbow parties and being caught in school closets and under stairwells acting “like animals.” You get to see pictures of grossly infected body parts while learning a new vocabulary about new lifestyles.

I am a lawyer interested in other public education issues. I stumbled into this tar baby while on another mission and wonder if I should have walked away. Sex ed reminds me of a garbage dump no one wants to visit. People have more important things to do. But there is a real danger in avoiding a nasty problem. It just gets worse.

Statistics show one out of three sexually active young adults have a sexually transmitted disease. A medical expert says this is a gross underestimate. Ninety percent of a group of sexually active teens tested positive for human papilloma virus while large percentages also had gonorrhea and chlamydia. Like herpes, HPV can be transmitted to and from areas of skin that condoms do not cover. HPV takes up a stealthy occupation of the body at an early age and can bloom into a full blown cancer in the early twenties. It kills four or five thousand women each year. About 20 percent of the population has herpes. It is an incurable disease that builds in the population. It significantly increases the chance of infection with other STDs like HIV and can produce birth defects.

Kids often don’t know they are infected because many STDs are asymptomatic and go around condoms even when used. They think they are having “safe sex” when actually transmitting disease.

Although teen pregnancies are going down, STD’s seem to be skyrocketing. Sex ed focused on contraception may actually be fueling the epidemic in STD’s. Pills are provided and used because people don’t like condoms. Substituting pills for condoms stops conception, reduces the hassle and increases pleasure. However, no pill will stop an infection.

Health has two facets - mental and physical. The data is showing not only an epidemic attacking the physical health of our children, but a correlation between increased teen sex and increased rates of teen depression and suicide.

There are a myriad of names for different sex ed programs. After trying to grasp all the differences, I eventually came to realize that sex ed can be divided into two classes – Abstinence till marriage (ATM) and abstinence till love (ATL). Contrary to John’s Kerry’s aversion to abstinence, all of the programs seem to be urging children to wait -- to “abstain.” The difference in the two programs is how long the wait must be. The kids want to know “*When can we have sex?*” The ATM response is very clear and concise: “wait for marriage -- that is the smart and healthy strategy.” The ATL response is exceedingly ambivalent. Part II of this tour of the quagmire will explore these two concepts in a bit more detail.

Touring a quagmire: Public Sex Education – Part II

John H. Calvert, J.D.*

The first part of this two part essay discussed the medical necessity for abstinence. Data showing epidemics in teen depression and sexually transmitted diseases leads to the conclusion that abstinence is medically necessary to effectively attack the problem. Everyone, except John Kerry, is advocating abstinence. All programs, including so called “abstinence only” programs teach about STD’s and contraception. So what is the root of the controversy and how do the programs differ?

The difference is in the way each program answer's a teen's big question: "*When can we have sex?*"

One program gives the green light upon the execution of a legally binding contract of marriage or its equivalent. This kind of program is typically referred to as an "abstinence till marriage" (ATM) program. George Bush has been advocating ATM programs. It gives children full information on contraception and STD's. But it also has a significant legal component that covers civil and criminal laws applicable to premarital sex. Rather than being driven by ideology, the ATM programs I saw were presented by medical and legal professionals. They focused on improving mental and physical health through abstinence and compliance with laws designed to prevent mental and physical suffering and to reduce economic costs of premarital sex to society as a whole.

The other kind of abstinence program is very ambiguous in the way it responds to the children's big question - *When can we have sex?* This kind of program implies that the light goes green after infatuation has matured into "true love." An abstinence till love program (ATL) implies that one should not have sex with one who has the character of a shark, while it may be OK with a dolphin. Whether the fish is male or female seems irrelevant. If you can't talk about contraception, you are not "ready to have sex." Love does not usually occur until "6-9 months" into the relationship -- perhaps it will be OK by spring break.

Subjective ATL programs must create extraordinary headaches for teachers, administrators and patrons of public education. How do you teach it? Everyone knows what marriage is and *when it occurs*. It is a legally binding contract executed in the presence of family, friends and the state. But what is love and how does one teach *when it occurs?* Who is really qualified to teach a child about a condition of the mind called "love" that justifies sex. It worries me that the secular state that knows nothing about love is seeking to teach children about an ultimate question usually addressed by religion.

In fact, because the concept of love is so personal and subjective, ATL programs really don't answer the question: *When can we have sex?* Instead, they just toss it back to the kids. "You can have sex when you chose to do so, but we hope you make a wise choice and we are here to give you information to help you make that choice."

This strategy also worries me because it is seemingly oblivious to legal issues that are covered by ATM programs. An ATL program tells children that the decision is theirs to make, when it really isn't. Under the law the decision is not theirs until they become adults - 18. This is about the time they graduate from highschool. Before they become an adult the choice is that of their parents. If their parents don't want them having sex, they do not have a choice in the matter. Secondly, even if one parent thinks it OK and provides his child with birth control, that does not solve the problem of the other parent who has just said no to his daughter. Even if all the parents have gotten together and opened up their bedrooms for the children to consummate their "date," the law itself does not allow sex in any form below the age of consent. In Kansas the age is 16, in Missouri 17 and in California the age is 18. Why should we suggest to children that the decision is theirs, when it really isn't.

An expectation of marriage may seem unattainable or silly to some. However, a program with an objective goal that promises significant rewards should logically be more effective in delaying the onset of sexual activity than a program that essentially sets no goal at all and shrugs its shoulder in defeat. Data from an abstinence till marriage program in Uganda tends to confirm this hypothesis.

We received a disk containing speaker presentations and materials for the three day comprehensive sex ed conference. It contains 119 files with 35 megabytes of information. I searched the disk for the word "marriage." That term was used in only 9 of the 119 files. Most of the nine were files dealing specifically with "abstinence till marriage" programs or files that mentioned marriage only incidentally or in a derogatory or inaccurate way. This search and a recent article [*Sex Ed and Cooties: Culture Wars on the School Front*, by Marcia Segelstein (June 24, 2004)] suggests that ATL sex ed intentionally excludes mention of marriage because it is considered to be a "point of view" that should not be promoted by sex education. If this is true, and if ATL becomes the national standard, then ATL may actually wind up fueling the epidemic while severely damaging the institution of marriage. That is problematic, because the mental and physical sexual health of our culture seems to be optimized in that institution.

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