

**The Connection:
Abortion, Permissive Sex Instruction, and Family Planning
What the Pro-Abortion Experts Say and What the Pro-Life and other Experts Say
A product of Life Research Institute. January 2000 Revision.**

This is a reference document.

Keep out of the reach of children!

Pro-abortion former Medical Director of International Planned Parenthood Federation Malcolm Potts said: ". . . those who use contraception are more likely than those who do not to resort to induced abortion . . ." ¹ He also said, "As people turn to contraception, there will be a rise, not a fall, in the abortion rate . . ." ²

Pro-abortion researcher Alfred Kinsey said: ". . . we have found the highest frequency of induced [deliberate] abortion in the group which, in general, most frequently uses contraceptives." ³

Pro-abortion former President of Planned Parenthood Federation of America, Dr. Alan Guttmacher said: "We find that when an abortion is easily obtainable, contraception is neither actively nor diligently used. . . there would be no reward for the woman who practices effective contraception. . . . Abortion on demand relieves the husband of all possible responsibility; he simply becomes a coital animal." ⁴

Dr. Alan Guttmacher also said (immediately after the *Roe v. Wade Decision* that legalized abortion), "Then how can the Supreme Court Decision be absolutely secured? The answer to winning the battle for elective abortion once and for all is sex education." ⁵

SPECIFIC EXAMPLES OF SEXUALITY EDUCATION/PERMISSIVE SEX INSTRUCTION FAILURES:

Professor of economics and statistics, Professor Jacqueline Kasun, reported to Congress that pregnancy and abortion rates are higher among teens who participated in family planning programs. Those states which spent the most on family planning showed and caused the largest increases in abortions and births out of wedlock. Those states which didn't participate in these programs continued to have lower rates. [In California] by offering free contraceptives and free abortions to all, the OFP [Office of Family Planning] has in effect invited all young people to engage in "free," "riskless" sex and has made those who do not accept the invitation feel that they are out of step. ⁶

A pro-abortion publication reports "One of Ms. Dawson's statistical models shows *'prior contraceptive education increases the odds of starting intercourse at age 14 by a factor of 1.5 - (50%)'* ⁷

Pro-abortion Planned Parenthood says ⁸ that ●A 14-year-old girl faithfully using the pill has a 44% chance of getting pregnant at least once before she finishes high school. ●She has a 69% chance of getting pregnant at least once before she finishes college. ●She has a 30% chance of getting pregnant two or more times. ●Using condoms, the likelihood of unwanted pregnancy while she is in school rises to nearly 87%.

One must conclude that this pro-abortion, pro-contraception organization (Planned Parenthood) which writes and implements most of the nation's promiscuity-education programs realizes that promiscuity education and contraception programs are a great failure.

From 1971 to 1981 government funding at all levels for contraceptive education increased by 4,000 percent. In that time teen pregnancies increased by 20 percent and teenage abortions nearly doubled. ⁹

Testimony before a congressional committee by a committee staff member noted that 3 out of 10 sexually active unmarried teens became pregnant in 1971 and that this rate has not changed. ¹⁰ We all know that

many more teens now have sex. Conclusion: Contraception use and promiscuity education have increased pregnancies.

"Rates of teenage pregnancy were reduced when parents supervised WHO the adolescent dates, WHERE the adolescent went on dates, and the ARRIVAL TIME back home."¹¹

About programs expanding the teen-clinic enrollment, researchers say, "We find a net INCREASE of about 120 pregnancies among all 15- to 19-year old women for every 1,000 teenage family-planning clients RATHER THAN THE EXPECTED REDUCTIONS in the pregnancy rate."¹² Also, abortions rose.¹²

"As the number and proportion of teen-age family-planning clinics increased, we observed a corresponding increase in the teen-age pregnancy and abortion rates: 50 to 120 more pregnancies per thousand clients, rather than the 200 to 300 fewer pregnancies as estimated by researchers at the Alan Guttmacher Institute (the research arm of Planned Parenthood Federation of America.) We did find that greater teen-age participation in such clinics led to lower teen *birthrates*. However, the impact on the abortion and total pregnancy rates was exactly opposite the stated intentions of the program. The original problems appear to have grown worse. . . . Our findings have twice sustained formal review by specialists in the field."¹³

"The truth is, Planned Parenthood's sex education programs have backfired, actually *increasing* teen pregnancies. According to its own survey, conducted in 1986 by the Louis Harris pollsters, teens who have taken "comprehensive" sex education courses have a fifty percent *higher* rate of sexual activity than their "unenlightened" peers.¹⁴ And yet the courses had no significant effect on their contraceptive usage.¹⁵ The conclusion, one that even Planned Parenthood researchers have been unable to escape, is that sex education courses only exacerbate [increase] the teen pregnancy problem."^{16,17}

Planned Parenthood's *Family Planning Perspectives* further reports that adolescents who have previously taken a sex ed course are "somewhat more likely" than those who have not to initiate sexual activity at ages 15 and 16.¹⁵

From Charles E. Rice, Professor of Law at Notre Dame University: "As one student said, 'if the clinic is giving it to you, it's telling you, 'Go ahead. Have sex'. Since they're giving it out, why not?' The reduction in teen-pregnancy rates that is claimed as a result of the SBCs [school-based clinics] has been achieved by an increase in teen abortion, not by a reduction in teen sex activity."¹⁸

"One study by the Center for Disease Control showed that in 1970 (the earliest figure available) the percentage of girls having had premarital sexual intercourse before their sixteenth birthday was 4.6 percent, and that in 1988, the figure was 25.6 percent. Meanwhile, in 1974, the first full year that abortion was legal, there were 763,467¹⁹ abortions in the United States, and in the years since 1987 there have been approximately 1,800,000 per year.²⁰ Although I was unable to find figures for how many of the 763,467 abortions were on teenagers, the pro-abortion Alan Guttmacher Institute reported that for 1987 25.5 percent of all abortions were on teenagers. 25.5 percent of 1,800,000 is 459,000 abortions by teenagers. Thus, it would be hard to believe that teen abortion hasn't skyrocketed since abortion was legalized in 1973. 1973 was a year when sex education was being introduced into our schools at a very fast rate."²¹

"In addition, a current study²² shows that for every 1,000 girls who take Planned Parenthood-type sexuality education [promiscuity education], 113 get pregnant before marriage, but for every 1,000 girls getting abstinence sex education, only 4 get pregnant

before marriage." In this study of Fertility Appreciation for Families--a program which promotes abstinence, respect for life, moral values, and discussion with parents--teenage pregnancy rates among participants have been found to be 95 percent less than the national norm.

Paraphrasing a cited²³ newspaper account concerning *Best Friends*, an abstinence-education program founded in 1988: The school-based program for girls in grades 6-9 teaches how and why to say no to drugs, alcohol, violence, and sexual intercourse. Of the 400 girls in D.C. schools who completed two years in the program, only 1% have become pregnant. Approximately 10% of girls studied (ages 12-18) had engaged in sexual intercourse. A 1993 survey of 990 D.C. public school girls in the same age group found that 20% had become pregnant and 72% had had sexual intercourse. Meanwhile we are told we must throw more money into sex ed that really teaches promiscuity, and Planned Parenthood goes to court to stop abstinence-only programs.

"Exaggerated reports of the 'soaring welfare costs' of teenage pregnancy have been based on arbitrary assumptions and statistical exaggerations and fabrications.²⁴ . . .

What then is the 'teenage pregnancy problem' in California? Although *births* among teenagers have declined, total pregnancies--that is, the sum of births and abortions--have increased by almost 50 percent since 1970. The *rate* of pregnancy has increased by more than a third. The abortion rate has more than tripled and now exceeds the rate of births among California women under 20 by 40 percent. Though comparable data for other states are not available for 1985, in 1980 California's teenage abortion rate was the highest of any state. In 1982 California's teenage abortion rate was 50 percent higher than the national average.²⁵ "Abundant statistical evidence²⁶ shows the futility of government-funded programs to control teenage pregnancy:

- 1) *Sex education does not reduce premarital sex activity.* Quite the opposite, studies have shown that teenagers who have had sex education are *more* likely to engage in sex at ages 14, 15, and 16 than youngsters who have not had sex education. On the other hand, girls who attend church regularly are *less* likely to engage in premarital sex, and girls with both parents in the home are less likely to engage in sex.²⁶
- 2) *Public family planning programs do not reduce adolescent pregnancy.* Teenage pregnancy in California has risen *in close correspondence* with rising state expenditures on 'family planning' programs for teenagers. The more 'family planning' expenditures, the more teenage pregnancy. The states which spend most heavily to provide free contraceptives and abortions have the highest rates of teenage pregnancy. And the differences are major. The rate of premarital teenage pregnancy is more than twice as high in California as in Idaho or South Dakota, and California spends more than four times as much per capita as the other two states on 'free' birth control.²⁷
- 3) *There is no evidence that school clinics reduce pregnancy.* The one clinic to claim to do so--the one in Baltimore--lost over 90 percent of its sample to follow-up. [More on this topic under references 45 - 49.]
- 4) *On the other hand, restricting minor children's access to contraceptives and abortions has resulted in declines in pregnancy, abortion, and births.* Evidence of this comes from Minnesota, Massachusetts, Utah, and South Dakota. For example, in 1981 the state of Minnesota passed a law requiring parents to be notified of minor's abortions. There ensued dramatic reductions in abortions, births, and pregnancies among teenagers. Between 1980 and 1983 the teenage abortion rate fell by 20 percent, the pregnancy rate by 16 percent, and the fertility rate fell by 13 percent.²⁸
- 5) *Cutting off government abortion funding has resulted in declines in pregnancy, abortion, and births.* Evidence from Ohio and Georgia has shown this.²⁹ There are two reasons why government

teenage pregnancy programs don't work and why restricting teenagers' access to free contraceptives and abortions does reduce pregnancy as well as abortions and births: First, freely available abortion and birth control encourage sexual risk-taking and a higher level of unintended pregnancy. On the other hand, when access to abortion and birth control is restricted, a significant number of persons take fewer risks of unintended pregnancy."

"Twenty years ago women were more resigned to unwanted pregnancy, but as they have become more conscious of preventing conception, so they have come to request terminations when contraception fails. There is overwhelming evidence that, contrary to what you might expect, *the availability of contraception leads to an increase in the abortion rate.*"³⁰ (emphasis added)

"The 'fun' [sex] ends for those who discover the reality that, in American society, venereal disease is second only to the common cold in frequency among teenagers. One of every four young people in this nation will contract venereal disease before reaching age 20."³¹

By the way, for the sake of you humanists who happen to read this, venereal disease is not a religious issue; it is a physical problem which often accompanies advanced promiscuity. It occurs in those who are exercising their 'right' to reject any attempts to impose Biblical morality upon society."³¹

"Adams High School of Commerce City, Colorado became the first school in the nation to distribute free condoms three years ago. According to *USA Today*, the birth rate at Adams has soared to 31 percent above the national average of 58.1 births per 1,000 students."³²

Planned Parenthood's own journal, *Family Planning Perspectives*, states: "More teenagers are using contraceptives and using them more consistently than ever before. Yet the number and rate of premarital pregnancies continues to rise."³³ "In 1982, 1,888 women (ages 15 to 19) were surveyed and researchers found that 'prior exposure to a sex education course is positively and significantly associated with the initiation of sexual activity at ages 15 and 16."³⁴ The same authors make the point that church attendance, parental education and race are all stronger influences on children's sexual behavior than sex education.

"Even after exposure to comprehensive sex education, research shows that 'only 40% of sexually active student[s] . . . regularly use contraception."³⁵

"In 1972, the pregnancy rate for 15- to 19-year olds was about 95 per 1,000. In 1981 the rate was 113 per thousand in that same category. In that time period, when the size of the teen population was little changed, teen abortion went from 190,000 to 430,000. One must reconcile the rise in teen pregnancies with major program efforts that saw a fivefold increase in teen-age clients and a twenty-fold constant-dollar increase in funding." [Constant dollar means adjusted for inflation.] . . . "Apparently the programs are more effective at convincing teens to avoid birth than to avoid pregnancy."³⁶ "Massive, federally subsidized 'sex education' programs entered the American public school system during the 1970s, often supplemented by clinics located in the schools and offering additional information and referrals on matters of sex, pregnancy and abortion. Before these programs began, teenage pregnancy was already declining, for more than a decade.³⁸ This long decline in teenage pregnancy then reversed and teenage pregnancies soared, as 'sex education' spread pervasively throughout the public schools. The pregnancy rate among 15- to 19- year-old females was 68 per thousand in 1970 and 96 per thousand by 1980. . . .³⁸ Soaring rates of abortion were in fact offsetting soaring rates of pregnancy. Between 1970 and 1987, for example, the number of abortions increased by 250,000, even though the number of teenagers declined by 400,000."³⁷

The National Center for Health Statistics claims that 53% of unplanned pregnancies were due to failed contraception.³⁸

"Since the federal government began its major contraception program in 1970, unwed pregnancies have increased 87 percent among 15- to 19- year-olds.³⁹ Likewise, abortions among teens rose 67 percent,⁴⁰ and unwed births went up 61 percent.⁴¹ And venereal disease has infected a generation of young people. Nice job, sex counselors. Good thinking, senators and congressmen. Nice nap, America."⁴²

"There are 12 million new cases of STD's annually in the United States and 67% of these occur among persons under the age of 25." "Every year one out of six teens contracts an STD."⁴³ Note that teen girls are encouraged to have sex no matter what birth control method they use, but that only the condom offers any protection against STD's. Thus, the high STD rate is far from surprising.

"Myth 9 [This is not PP saying this is a myth, it is pro-life saying it. Ditto with Myth 10.] : Sex ed can change teen sexual attitudes and behaviors so that sexually active teens will use birth control." The author then provides facts from a Louis Harris 1986 poll sponsored by pro-abortion Planned Parenthood: "Thus, 60% of all students who have taken a comprehensive sex-ed course and who are sexually active do not consistently practice contraception. The comparable regular-use figures are 30% for students who have had a noncomprehensive sex-ed course and 25% for students who have had no sex education course." (Most of figures developed from Louis Harris poll can be found on page 15 of *American Teens Speak* Full text of poll is available from Louis Harris and Associates, Inc., 630 Fifth Avenue, New York, NY 10111.)⁴⁴

"Myth 10: Contraceptive oriented sex ed courses do not encourage teen fornication; rather, they are effective in decreasing teen promiscuity and teen pregnancies. Wrong again. While biological sex ed courses do not increase teen promiscuity, contraceptive-oriented sex ed courses yield an astounding 50% higher rate of promiscuity." Internal reference: Calculated from *American Teens Speak*, page 53. "In addition, comprehensive sex education courses are correlated with a 31% increase in both the rate and the absolute number of teens engaging in sexual intercourse without regular contraception." Internal reference: same + calculations.⁴⁴

Now quoting the pro-abortion Alan Guttmacher Institute, "The final result to emerge from the analysis [of our data] is that neither pregnancy education nor contraceptive education exerts any significant effect on the risk of premarital pregnancy among sexually active teenagers--a finding that calls into question the argument that formal sex education is an effective tool for reducing adolescent pregnancy."⁴⁴

In Virginia Beach, Virginia, 14% additional females became sexually active immediately after promiscuity education compared with before. The figure for Norfolk, Virginia is 12.9%.⁴⁵

Evidence is lacking for even one successful family-planning program: Declared U.S. Public Health Service officer, Dr. William Archer III, in 1992: "No condom program of school-based clinic has ever shown the ability to reduce pregnancy."⁴⁶ The following two examples show that attempts by Planned Parenthood to show otherwise have been invalid: Following initial praise from a sympathetic media, Planned Parenthood's Baltimore School Birth Control Program wilted under scrutiny. Analysts noted that program evaluators failed to account for a) girls who dropped out because of pregnancy; or to explain b) why the dropout rate at campuses offering birth control was three times that of schools with no birth control clinic indicating they may have dropped out largely due to pregnancy; c) why only 96 of 1033 girls

returned their final questionnaire,⁴⁷ d) why seniors supplied no responses;⁴⁸ or e) why abortion was not mentioned as a depressant on the pregnancy rate. Advocates of the Baltimore clinic calculated pregnancy rates as percentages of the sexually active and did not include all girls exposed to the clinic program. This approach means that even if pregnancy rose as a result of the clinic program, if it rose less rapidly than sexual activity, it would appear to have declined. Thus, two failures could be made to look like a success.⁴⁹ Similarly, in-house evaluators for Planned Parenthood's acclaimed St. Paul program a) failed to account for a 25% enrollment decline; b) failed to verify the pregnancy rate; and c) failed to provide abortion statistics (they gave only birth data).⁵⁰ An analysis of Planned Parenthood's research data shows ". . . contraceptive users were more than 20% more likely to become unintentionally pregnant than were girls who did not use contraceptives."⁵¹ Reasons for the high risk include carelessness, false security, more frequent intercourse, more partners, intercourse at a younger age, and reliance on abortion.⁵¹

Professor of economics and statistics, Jacqueline Kasun, reported that "for every additional million dollars given to family planners by the federal government, about 2,000 adolescent pregnancies were occurring two years later."⁵²

Kasun also found that states most heavily invested in family planning programs have the highest incidence of premarital pregnancy and abortion and that an actual reduction in state government appropriations to family planning led to a reduction in teen pregnancies and abortions.⁵³

Wrote Dr. Douglas Smith, a former family-planning director in Tennessee: "Contrary to claims that the knowledge of birth control is the truth that sets one free, these programs often result in just the opposite, chaining young people to a loss of self-respect, moral dissipation, and unrelenting guilt. They present teenage sexual activity as an acceptable lifestyle, providing teenagers use the agents of exploitation that they peddle"⁵⁴

The U.S. government reports: "Currently, federal policy mandates that children be given contraceptives without their parents' knowledge and consent [should have said "or consent"]. The result has been a dramatic increase in the rate of pregnancy among unmarried teens, due to a proportionate increase in sexual activity among unmarried teens and no decrease in pregnancy rates for those who are sexually active."⁵⁵ The same source found that abortion, not contraceptives, was helping reduce teen births.

And the more a state spent on the problem, the worse it became. Those states with the highest expenditures on family planning and with similar socio-demographic characteristics showed the largest increases in abortions and illegitimate births.

To gain clients, Planned Parenthood endeavors to counsel adolescents onto contraceptives before the youth are sexually active. Once active, adolescents who use contraceptives experience sexual intercourse more frequently than do peers without birth control. Garris, Steckler, and McIntire found among teenage contraceptive users a rise from 8.8 to 13.4 acts monthly, within six to eight months of their first clinic visit.⁵⁶ In 1992, Planned Parenthood earned approximately \$85 million from contraceptive sales in the U.S.

Editorializing by Life Research Institute: If the rumor is true that the average married person has intercourse twice per week, the above means that teens visiting clinics have intercourse 50% more than married people do!

Rockford Institute's president Allan Carlson has outlined the promiscuity-education industry's strategy for "a new moral and sexual order,"⁵⁷ as follows: 1) declare the old morality dead; 2) destroy the residual influence of tradition and religion; 3) make everything relative by recasting the traditional as the abnormal; 4) declare religious opinion unacceptable in public debate; 5) advocate "choice"; 6) advance the "contraceptive" solution;

7) seize control of the schools and indoctrinate the young.⁵⁸

Harvard University contraceptive developer Dr. Robert Kistner said in 1977, "About 10 years ago I declared that the pill would not lead to promiscuity. Well, I was wrong."⁵⁹

George Grant said, "Just as Planned Parenthood's wealth and prestige has been built on death, defilement, and destruction, its reputation has been built on deception, disinformation, and distortion. It is a reputation build on illusion."⁶⁰

"The only avenue the International Planned Parenthood Federation and its allies could travel to win the battle for abortion on demand is through sex education."⁶¹

When asked "What do you tell people who claim that sex ed programs haven't decreased teen pregnancy and VD," Cory Richards of the Alan Guttmacher Institute (part of Planned Parenthood, who designs the programs) said

"the goal of comprehensive sex education was not to reduce teen pregnancy and VD, and moreover that it was unfair to suggest that the programs actually do so."⁶²

What about AIDS money going to promote promiscuity? What about AIDS money causing more AIDS? Claire Connelly, president of the Gay and Lesbian Resource Center of Ventura County in California commented on the use of funds of \$3 billion which she said at a congressional hearing "trickle down" to 8,000 homosexual organizations. She said, **The money "is used for salaries and expense accounts for gay activists to infiltrate the public schools to espouse promiscuity and homosexuality, to establish meeting places for . . . trysts, and to run a vast lobbying grid across the United States for gay militants. . . . We now have sexually active gay men with AIDS who do not use condoms themselves providing sex education for children with federal funds."**⁶³ This wasn't a hateful Christian saying this, but a president of a homosexuals' organization.

For his doctoral dissertation at the University of Colorado, David R. Rowberry conducted research on the effectiveness of the Best Friends abstinence-education program. This program was founded in 1986 in Washington, DC. It showed less sexual involvement and fewer instances of pregnancy than the "District's" promiscuity-education program.⁶⁴ "District" probably refers to all of DC. It is not clear whether Rowberry included the promiscuity-education study in his work, or whether that work was done by others, but these are the comparisons in the program results:

Abstinence program: Group size--88 girls. Ages--12 to 18. Time period: 12 months in ? year.

Program Type	Group Size	Ages	Time Period	No. Having Sex	Pct. Having Sex	No. Becoming Pregnant
Abstinence	88	12 - 18	12 mo in 19??	9	10	Not Reported
Promiscuity	900	12 - 18	12 mo? in 1993	648	72	200

"The Centers for Disease Control announced last fall [1995] that states stressing abstinence in sex education classes -- or not requiring such classes at all -- have fewer teen pregnancies. States and districts that mandate contraceptive programs and distribute condoms have the highest teen pregnancy rates."⁶⁵

The article in which the above is found shows that President Clinton has formed a task force to tackle the problem of teen pregnancy. Among the appointees are Whoopi Goldberg, who has had at least six abortions, and Henry Foster. Clinton had nominated Foster to be Surgeon General, but Congress rejected him due to questions of his abortion record and medical ethics. Foster, who is to be Chair of the task force, has headed a failed contraception-based program, has been a "Public Policy Advocate" for Planned Parenthood (which sued a school district in California to remove three successful abstinence-based sex ed programs),⁶⁵ and headed the obstetrics and gynecology residency program at Meharry Medical College in Nashville, TN. While heading that department, the college, according to *The Washington Times*, permanently lost its accreditation.⁶⁶ According to two national reports, Meharry was listed among the ten worst medical schools in the nation⁶⁶

Other information about this failure is that of all the abortionists who have been sued in the United States, more have come from Meharry than any from other institution.

Said Dr. Louise Tyrer, medical director of Planned Parenthood Federation of America in 1991, "More than three million unplanned pregnancies occur each year to American women; two-thirds of these are due to contraceptive failure."⁶⁷ Then why not push abstinence instead of contraceptives?

A survey by the pro-abortion Alan Guttmacher Institute of 9,480 women who got abortions in 1994 and 1995 showed that 57.5 percent of women who had had abortions were using contraception during the month in which they became pregnant.⁶⁸

"Left untreated, sexually transmitted diseases can cause infertility, cancer, birth defects and miscarriages, even death.

And Americans suffer 10 to 50 times more sexually transmitted diseases than people in other developed countries, concluded the Institute of Medicine, an arm of the National Academy of Sciences."⁶⁹

"Comprehensive promiscuity education has definitely contributed to an exploding teen pregnancy rate by encouraging increased fornication. In 1970, only 4.6% of all girls aged 15 had fornicated before marriage. In 1990, this rate had increased more than sevenfold to 33.1%. Of all unmarried girls in the 15 to 19 age bracket, 28.6% had fornicated in 1970. This rate had more than doubled to 61.4% by 1990."⁷⁰

A Planned Parenthood publication shows that the ineffectiveness rate for young women using oral contraceptives was four to five times that for older women.⁷¹

A Planned Parenthood publication says, "More teenagers are using contraceptives and using them more consistently than ever before. Yet the number and rate of premarital pregnancies continues to rise."⁷²

A Planned Parenthood publication says, "One-half of women seeking abortions in 1987 said they had been practicing contraception during the month in which they became pregnant . . ."⁷³

Among sexually active women under age 25, up to one-third who use only condoms for contraception will be pregnant after one year.⁷⁴

The track record of these [school-based clinic] programs shows high costs with no positive effects in lowering teen pregnancy. The federal government spent nearly \$2 billion in 11 years, from 1971 to 1981, on family planning programs in an effort to reduce unwanted pregnancy.⁷⁵ Nevertheless, during that period, teen pregnancy rates climbed 48.3 percent, while teen abortions skyrocketed 133 percent.⁷⁶

Indeed, a recent study in the Planned Parenthood journal, *Family Planning Perspectives*, shows that participants in an abstinence-based program are five times less likely to engage in intercourse than those who have not received the abstinence counseling.⁷⁷

Students exposed to abstinence based programs in Atlanta public schools are 15 times less likely to have sex in the year following the program than teens who took traditional sex education or none at all.⁷⁸

"Abortion-industry statistics show 60% of women having abortions were using contraceptives the month they became pregnant."⁷⁹

"One of the first major empirical challenges to that assumption [that with knowledge youth will act responsibly and significantly reduce their risks] in recent years came from a national study sponsored by the Centers for Disease Control that evaluated fourteen separate sexuality education courses or programs offered by eight organizations.

Though the selected courses represent a variety of approaches, they all were perceived as exemplary, were commonly taught by experienced professionals, covered all the basic sexuality topics, and used a variety of teaching approaches, including didactic presentations, group discussions, role playing, films, and structured exercises. . . .

The conclusions reached are somewhat unsettling to educators in general and sexuality educators in particular.

'Sexuality education has been proffered as a partial solution to a variety of adolescent sexual problems. Research demonstrates that programs increase knowledge, but have little direct impact on values and attitudes, actual sexual behavior, use of birth control, and teenage pregnancy. . .

The research shows that sexuality education programs are similar to other education programs in their effects; many programs increase knowledge and a few help clarify values, but most probably will not have much influence on the direction of sexual values or on sexual behavior. Alone, they will not dramatically reduce unintended pregnancy.⁸⁰ for above five paragraphs counting this one.

"Neither pregnancy education nor contraceptive education exerts any significant effect on the risk of premarital pregnancy among sexually active teenagers--a finding that calls into question the argument that formal sex education is an effective tool for reducing adolescent pregnancy."⁸¹

"In the past twenty years or so, the number of adolescents admitted to hospitals for depression has tripled and adolescent suicide has increased by 200%. Some of the blame for this decline in adolescent mental health must fall on the carnal attitudes toward sex, as well as premature sexual activity, encouraged by contemporary sex education."⁸² The author is a psychiatrist.

"The reality of contraceptive failure lies mainly in the lack of reliability in practice. For example, three of five married couples contracepting will have unplanned pregnancies over a five-year period. Adolescents will have four to five times that failure rate. Why the contraceptive failure? [Because] adolescents are typically risk-taking, and impulsive. They deny reality. In the final analysis, increased sexual activity with contraceptive failure results in an increase of illegitimate pregnancies."⁸³

". . . 14.6% of the condoms used in this trial . . . either broke or slipped off the penis during intercourse or withdrawal . . . Although the rates of breakage . . . are low, the high rates at which [the condom] slipped off the penis during intercourse or withdrawal are disturbing. If they are accurate, these rates indicate a sobering level of exposure to the risks of pregnancy and of infection with HIV or other STD's, even among those who consistently use condoms."⁸⁴

"Chlamydia trachomatis infection has become the foremost sexually transmitted disease (STD) among young adults . . . most cases are asymptomatic. . . . The incidence of pelvic inflammatory disease (PID) caused by chlamydia is increasing and is linked to ectopic pregnancy, infertility, recurrent pelvic pain, and recurrent pelvic infections. . . . Of [pregnant women infected with C trachomatis], 33% - 50% transmit conjunctivitis and 10% - 20% pneumonia to their offspring. Other unfavorable pregnancy outcomes . . . include pre-term delivery and premature rupture of the membranes. . . . The commonly used barrier contraceptives apparently do not afford adequate protection against C trachomatis, since infection rates were equivalent regardless of the contraceptive method."⁸⁵

The HIV virus is far smaller than human sperm (1/450th the size⁸⁶), so the virus often passes right through the wall of the condom.

A study where HETEROsexual couples used condoms showed that, in spite of low sexual activity, 17% of partners of AIDS patients became infected within 18 months.⁸⁷

Condoms are also ineffective in preventing the spread of human papilloma virus (HPV). HPV causes 90% of American's cancers of the cervix, vagina, vulva, and penis.⁸⁸ HPV is probably the most common sexually transmitted disease in America.⁸⁹ The American Cancer Society estimates that in the U.S. in 1994 there will be 15,700 new cases of cervical cancer and 4,900 related deaths.⁹⁰

Annually in the U.S., there are one to three million new cases of gonorrhea and up to 90,000 new cases of syphilis. Twenty million people have genital herpes. The U.S. Centers for Disease Control report that 56 million Americans--that's 1 in 5--have an INCURABLE STD.⁹¹ Except for the common cold and flu, STDs are now the most common disease in North America.⁹²

Sex educators often lie to students. The Centers for Disease Control recommend that medical personnel exposed to even allegedly disease-free bodily fluids wear a surgical hat, face shield, mask, outer protective garments, shoe covers, and DOUBLE gloves. Sex educators often recommend a very, very THIN condom.⁹³ Would you trust your life to a balloon?

One of Planned Parenthood's allies, New York Civil Liberties Union, says: "Every scientific study that has been done shows that sex education is correlated to, nothing else but, systematically increased use of contraceptives."⁹⁴ That is, not decreased pregnancy, abortion, birth, or STD's.

On the effects of promiscuity on cancer of the cervix: "This disease, which is one of the commonest causes of cancer deaths in women, is now recognized to have definite association with sexual promiscuity and teenage sexual activity. The condition is relatively rare in women who do not engage in premarital or extramarital intercourse and who do not start sexual activity in their teens (see *Cancer Research* 27:603, 1967; *American Journal of Public Health* 57:815, 1967; *American Journal of Epidemiology* 98:10, 1973). However, extra-marital sexual activity by a husband increases risk to his wife (*Lancet* 2:1010, 1981). This disease can be largely prevented by avoiding adolescent sexual activity and extra-marital sexual activity."⁹⁵

Referring to 138 school-based sex clinics, Planned Parenthood said, "We find basically that . . . there is no measurable impact . . . upon pregnancy rates or birth rates."⁹⁶

John D. Hartigan wrote in the *Wall Street Journal* that with a sole exception, the research director's opinion is confirmed by every other published study he reviewed on the subject. The failure rate of condoms used by teenage girls to prevent pregnancy is 18.4 percent.⁹⁷

In one study, 30 female prostitutes and 16 people from a hospital staff each tested 10 latex condoms in vaginal intercourse. The study concluded, "Truly safe sex with an HIV-positive partner using condoms is a dangerous illusion."⁹⁸

In married couples in which one partner was HIV-infected and condoms were used, 10 percent of the healthy became infected within two years.⁷⁴

Sociologist Phillips Cutright concludes, "We find no evidence that the programs reduced white illegitimacy, because areas with weak programs or no programs at all experienced smaller increases or larger declines (in pregnancy) than are found in areas with strong contraceptive programs."⁹⁹

Professor Kingsley Davis, a member of the Board of Sponsors for the very pro-abortion Zero Population Growth, summarized the failure of contraceptives to reduce teen pregnancy: "The current belief that illegitimacy will be reduced if teenage girls are given an effective contraceptive is an extension of the same

reasoning that created the problem in the first place. It reflects an unwillingness to face problems of social control and social discipline while trusting some technological device to extricate society from its difficulties. The irony is that the illegitimacy rise occurred precisely while contraceptive use was becoming more, rather than less, widespread and respectable.¹⁰⁰

"On the surface, this approach [moral neutrality in teaching] is appealing because it gives the impression of being neutral and objective. It must be pointed out, however, that sex education is neither objective nor neutral. Indeed, it cannot be. It is philosophically and intellectually impossible to be morally neutral. Either sexual activity is presented as having moral parameters, or as having no parameters, but both are equally moral statements."¹⁰¹

"What is perhaps more striking (if no more harmful) is the inherent contradictions that exist in our approach to questions of right and wrong as they relate to our nation's children. No responsible teacher, parent, school superintendent or counselor would take a 'neutral approach' to stealing, lying cheating on exams or violence [including rape or killing teachers of promiscuity education]. Yet this is precisely what is being done in the area of sexual activity."¹⁰¹

"If these [school-based] clinics effectively reduce teen pregnancy, they should be able to show demonstrable effects. A systematic analysis of literature published in peer-reviewed journals found the majority of published research fails to measure outcomes comparing results before and after program implementation--the most acceptable way to assess program effectiveness."¹⁰²

Research has not demonstrated effectiveness in reducing teen pregnancy. In fact, other research has shown pregnancy actually increases among teenagers participating in such family-planning programs.¹⁰³ Birth rates decrease through increased teen abortions.

Investigating these claims, Weed and Olsen¹⁰⁴ found Planned Parenthood's pregnancy-reducing programs actually have the opposite effect of their intended purpose. Pregnancies actually increased among adolescents involved in the family-planning programs, compared with adolescents who were not involved. The study said: "Instead of the expected reduction in teenage pregnancies, greater adolescent involvement in family-planning programs was associated with significantly higher teenage pregnancy rates."¹⁰⁵

"Only eight of the 100 publications found in peer-reviewed journals in the last 15 years used 'pre-post' designs which take measurements before and after program implementation. And these eight had serious methodological flaws. In several studies, control groups were not comparable to the experimental population. Three of the eight studied elementary school children only. In contrast, the majority of SBCs [school-based clinics] are on high school campuses, with less than 15 percent on junior high or middle school campuses."¹⁰⁶

"Thomas E. Elkins, Chief of Gynecology at the University of Michigan Medical School, has reported that persons with multiple sexual partners face greatly heightened risk for pelvic inflammatory disease (PID), infertility, cervical cancer, ectopic pregnancies, venereal warts and vulvar cancer, genital herpes, and AIDS.¹⁰⁷ Elkins, who formerly served on the American College of Obstetricians and Gynecologists Committee on Bioethics, summarized in his report the following sobering medical outcomes: By 1987, costs associated with PID had risen to nearly \$3 billion.¹⁰⁸ PID rates are directly correlated both to the number of sex partners a person has in a lifetime and to the amount of adolescent sexual activity. PID is usually bacterial in origin, classically related to gonorrhea or chlamydia, but now noted to result from various types of difficult-to-treat bacteria. A person with three or more sexual partners has two to three times the risk of developing PID, which puts a woman's future fertility at significantly increased jeopardy.¹⁰⁹ Infertility has escalated in almost direct relationship with the increase of sexual activity. In research studies by Westrum, of those having one episode of PID, 11-15 percent became infertile. Two episodes of PID led to 33 percent becoming infertile, and three episodes of PID resulted in a 54 - 66 percent rate of infertility.¹¹⁰ Cervical cancer is 3.4 times more prevalent in persons with two to five sexual partners. In cases where women had six partners or more, the risk of cervical cancer increased to five times that of a person with only one sexual partner. As far as the transmission of viral

particles is concerned, sex with a person who has had intercourse with previous partners is like having sex, not just with that individual, but with all of the previous partners of that person.¹¹¹ Rates of ectopic pregnancies seen in U.S. medical centers are now three to seven times what they were 10 to 20 years ago, paralleling the increase of multiple partners in our sexually permissive society. Ectopic pregnancies are often due to PID and frequently result in major surgery, with hemorrhage requiring blood transfusion, and may require removal of the fallopian tubes, further increasing the risk of infertility.¹¹² Newer sexually transmitted diseases are emerging with episodes of vulvar condyloma, or venereal warts and resultant vulvar cancer.¹¹³ Herpes infection of the genital region is estimated in a million people in the U.S. with extensive and recurrent outbreaks. It is occasionally fatal to newborn infants or may result in permanent brain damage when their mothers are chronic or acute carriers of herpes.¹¹⁴ AIDS infection remains, at this time, inevitably lethal.

Young people who had been taught "resistance skills"--how to say no--engaged in significantly less sexual activity and had fewer sex partners than students given birth-control instruction.¹¹⁵

Easy access to abortion is associated with higher rates of white teenage pregnancy. Easier access to contraceptives and abortions and more generous public assistance are associated with higher rates of premarital births among white teenagers.¹¹⁶

Even with condoms, the risks of HIV transmission can be as high as 31%.¹¹⁷

Focus on the Family taped Amy Stephens and Carol Everett for a radio broadcast. The following is a discussion between Focus founder James Dobson and Carol Everett. Everett is a former partial owner of two Killing Centers in Dallas, Texas. "Dobson: 'Carol, let's go back to your situation now. In those days when you were involved in the abortion clinics, you began speaking in public schools in sex-education classes. At what grade level and what were you teaching?' Everett: 'We had two marketing plans. One was yellow pages, and we spent \$250,000 on that, but the other great marketing plan was to go into the schools and talk about safe sex. Now, **our goal was three to five abortions out of every teenager [girls]**. We wanted those boys to bring those girls in to between the ages of 13 and 18. But you can't just go to them when they're 12 and say to them, "We want you to start having abortions next year." So there was a whole system in place to break down the natural modesty to get them to trust us as their sexual counselors, to literally laugh at their parents' values, laugh at what their parents said, and it started in kindergarten. And in kindergarten they would put them around in a room, and it's better to put them boy girl boy girl, and you go around the room and you say what do your parent's say to call your private parts. . . . And when they would say the name of what their parents would call their private parts, every adult would laugh.' Dobson: 'And that makes parents look very very foolish.' Everett: 'Well, it's very clear the parents didn't know what the private parts were. I mean, and we did, and we would say, "Boys, this is what you have and girls, this is what you have, and don't be ashamed of your private parts." Have you ever met a kindergarten in the world ashamed of anything? No. And they would get out on the playground and they would share. He would show her his and she would show him hers. We had said parents know nothing about sex, we're the experts, we had started to break down that natural modesty.' Dobson: 'Carol, with all candor and honesty, that was a strategy toward the ultimate marketing plan that you talked about. Is that right?' Everett: 'It went all the way through every grade, and it changes at every level. There was no written that we were selling goals, but we had a plan that worked, and this is what it was.' . . . 'We know that anytime we would go into a school the pregnancy rate would go up by 50%. . . . Well, let's go back to the first grade. In the first, second, and third grade, the agenda is just a little book. And it's a book with nude models with six and seven year-old nude models, and it has diagrams showing these kids how to have intercourse. . . . And then in the fourth grade . . . it's masturbation. Masturbate alone until you're comfortable and then in groups of four or five of the same sex . . .'"¹¹⁸

Does even Planned Parenthood think promiscuity education is effective? A PP publication reports: "In retrospect, many sexually experienced teenage women think that they initiated sexual activity at too young an age, according to findings for a sample of 174 urban 12 - 15-year-olds. In all, 71 of these young women had had sex, and 60 [that's 85% of those who had sex!] thought that they had done so too early."¹¹⁹

"There is currently no middle school curriculum for which strong evidence indicates it is effective in delaying sexual involvement among young adolescents. Thus, there remains a real need to develop and demonstrate the effectiveness of such a program."¹²⁰

Down to the paragraph which ends with the three @ characters, the following information is from "Impact of HIV and sexual health education on the sexual behaviour of young people: a review update," UNAIDS, 1997.

This 63-page article is surely one to be quoted as saying that, contrary to popular opinion, HIV and sexual health education programs do not increase the rate of sexual behavior. Indeed, the article does say that. However, according to the severe methodological flaws the article itself lists, that conclusion is erroneous. One can see this from what is quoted below.

Also, with respect to the usefulness of the purportedly correct conclusion for the United States, one must note that this was a study of programs worldwide.

Now begins quoting. Bolding is not in original.

"Abstract: To assess the effects of HIV AIDS and sexual health education on young people's sexual behavior, a comprehensive literature review was commissioned by the Department of Policy, Strategy, and Research of UNAIDS, the Joint United Nations Programme on HIV AIDS. Sixty-eight reports were reviewed. Of 53 studies that evaluated specific interventions, 27 reported that HIV AIDS and sexual health education neither increased nor decreased sexual activity and attendant rates of pregnancy and STDs. Twenty-two reported that HIV and or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. Only three studies found increases in sexual behaviour associated with sexual health education. Hence, little evidence was found to support the contention that sexual health and HIV education promote promiscuity. The interpretative value of this research was somewhat compromised, however, because of inadequacies in study design, analytic techniques, outcome indicators, and reporting of statistics. . . ."

From p. 10: "This review seeks to encompass the majority of the works available in the peer-reviewed literature, which may well mean that studies with flawed methodologies will be included."

From p. 11: "The articles cited in this review are representative rather than exhaustive. The focus of the review is on research that studied the behavioural impact of HIV AIDS and sexual health education on young people. Research that dealt solely with knowledge and attitudes about sex has been excluded, because of the poor association between attitudes and knowledge on the one hand, and behaviour on the other (Kirby, 1985b). [This could mean that many studies were excluded because involving knowledge and attitudes is associated with increased sexual behaviour.] This also means that only the behavioural outcomes of multifaceted studies are reported. Similarly, studies describing only policy and services, with no behavioural impact analysis, have been excluded. Behavioural outcome is most commonly assessed by comparing people who did or did not receive HIV/AIDS or sexual health education in terms of adolescent pregnancy, abortion and birth rates, STD infection rates, and self-reported sexual activity."

From pp. 15 - 16: "In the nine cross-sectional surveys reviewed, study participants were NOT assigned randomly to treatment and control conditions. . . Overall, the evidence from cross-sectional surveys has failed to find an association between sexual health education and greater sexual involvement, irrespective of whether the recipient was or was not sexually experienced. A major drawback of this type of study design is that interpreting changes in sexual practices as an outcome of course participation is always limited by the self-selecting nature of the groups to be compared. Perhaps those students enrolling in a sexual health course are more amenable to adopting new sexual practices than those who do not choose such a course. Without randomization, such confounding factors remain uncontrolled for."

From pp. 20 - 21: "Methodological limitations: However, there are a number of methodological problems that limit the usefulness of the findings of many of the studies reviewed here. First, nine studies did not include levels of significance for reported increases and decreases in outcome measures. . . . Second, five of the 21 intervention studies, using control groups and comparisons of pretest and post-test data, failed to assess the interactive effect of time and intervention. . . . Third, drawing conclusions from some studies was difficult because post-test measurements were made so close to programme completion. . . . Fourth, in evaluations that take an experimental approach, the non-randomization of subjects to control and experimental conditions means that results will always be subject to self-selection bias . . . Finally, when comparing experimental and control groups, researchers should be mindful of the heterogeneity in sexual development of the students that comprise these groups. Evaluation should include some assessment of interactive effects of sexual developmental stage and the intervention."

A reasonable conclusion after reading all these limitations is that the report's conclusions are invalid. That is, the report is bogus. HIV and sexual health education may generally increase, decrease, or have no effect on the amount or type of sexual activity.@@@

"Yet studies of high school students from 1981, 1983, 1986, and 1987 show that about half of all eighteen-year-olds have not had premarital intercourse.¹²¹ A Louis Harris poll showed that 80 percent of teenagers who said they had sex also said they had been drawn into sex too soon and regretted it.¹²¹ When a teenager has sex once and then chooses to abstain--and many do--they are listed as 'sexually active,' which is distorting the statistics used to promote condom and other birth control education and distribution."

"According to Stan E. Weed of the Institute of Research and Evaluation, births to teenagers are down 30 out of 1,000 (family-planning clients 15 to 19 years old). However, the pregnancies are up 120 per 1,000!"¹²²

"I. D. Totkin, Professor of Preventive Medicine at the University of Illinois, studied 415 women with cancer of the cervix and fed 500 variables of their lifestyles into a computer. [One of the] two key factors [which] distinguished the victims from non-victims [is]: Those with cancer had engaged in early sex with many partners. Findings show those who began sexual intercourse before age 17 tripled the risk of cancer; those who began between 17 and 20 doubled it."¹²²

"One school district in San Marcos, California, adopted *Decision Making Curriculum* for their junior high schools. In March 1985, the community was shocked to read in their newspaper that one in every five high school girls in their area was pregnant. In one year, the tabulation counted 178, or about 20 percent of the female student body--doubling the national figures. Only nine of the campus pregnancies ended in childbirth; the others miscarried or were aborted according to school officials."¹²³

The following reviews two articles as shown in the following table. The alleged finding, "Does Not Increase Teenage Sexual Activity," shown in the title of the first article, is probably bogus. Text following the table shows why.

Title	"Condom Availability in High School Does Not Increase Teenage Sexual Activity but Does Increase Condom Use"	"Condom Availability in New York City Public High Schools: Relationships to Condom Use and Sexual Behavior"
Purpose	To review the other article	Perhaps to promote condom sales.
Published in	<i>Family Planning Perspectives</i> , Jan/Feb 1998	<i>Amer. J. of Public Health</i> , Sept. 1997
Primary author	The Alan Guttmacher Inst., a special affiliate of Planned Parenthood	Sally Guttmacher, daughter of Alan Guttmacher

Planned Parenthood makes a great deal of money from selling condoms. This profit motive and the connections obvious in the above table point to obvious bias. This, rather than true science, is probably the reason for the

comment in the reviewing (see table) article: "Thus, the fear that making condoms available will increase sexual activity, a primary political obstacle to making condoms available to high school students, appears to be unfounded." That is, the statement could easily be made in order to make profit.

The probability that it is a lie is enhanced by the fact that, though the article being reviewed states "We used a variety of analytic strategies to examine the relationship between condom availability and sexual behavior," neither these strategies nor the data are shown as evidence. It is standard practice in scientific articles to show how one arrives at conclusions. The article fails to do this with respect to sexual frequency changes. Therefore, the conclusions concerning that are probably bogus.

Furthermore, the reviewing article's title is misleading. It says "Condom Availability in High School . . . ," implying all high schools, while the article it reviews says "Condom Availability in New York City High Schools"

Lastly, the authors admit to making conclusions without supporting data.

Quotes from the reviewing article follow. Life Research Institute comments are in [brackets].

"Making condoms available in high schools does not increase teenage rates of sexual activity, but does result in higher rates of condom use among sexually active students, according to a study of nearly 13,000 public high school students in New York City and Chicago. Sexually active students in New York--where condoms are made available to public high school students--were significantly more likely to have used a condom during their most recent act of intercourse than were sexually active students in Chicago, who do not have the same access to condoms.

Data were collected in 1994 from 7,119 students from 12 randomly selected New York public high schools and 5,738 students from 10 [not randomly selected but perhaps selected with bias and prejudice] Chicago public high schools. New York was chosen for the study because its Board of Education implemented one of the first school condom distribution programs in 1991. Chicago was chosen because it has a large unified urban school system similar to New York's. Its public schools are ethnically diverse, have a high dropout rate and provide students with education about HIV and AIDS, but not condoms.

Participants were students in grades 9 - 12 attending required classes."

"In both cities 47% of new students and 60% of continuing students were sexually active [thus showing fundamentally flawed programs to begin with and showing that the conclusions of this study may not apply to schools with more normal promiscuity], and predictably, sexual activity increased with age. Sexually active students in both cities were similar with respect to levels of different kinds of intercourse (vaginal, oral and anal sex), age at first intercourse and age of first partner. One-quarter of sexually active new students and one-fifth of sexually active continuing students in each city said they had had three or more partners in the previous six months. [Continuing fundamental flaws]

However, sexually active continuing New York students reported a significantly higher rate of condom use in their last sexual encounter than did their counterparts in Chicago (61% vs. 56%)."

"High-risk participants in New York were almost twice as likely as those in Chicago to have used a condom at last intercourse (odds ratio, 1.9). Furthermore, while fewer than 20% of New York's sexually active students said they had received a condom from school [which shows that the distribution methods were ineffective], high-risk students said they had done so in significantly higher proportions than low-risk students."

"The researchers concede that having no measurement of condom use among New York high school students before the condom availability program had begun was a major methodological limitation of the study. Nevertheless, they conclude [Did you get that? Conclude without data!] their findings illustrate that high school condom distribution programs can decrease urban teenagers' risk of contracting HIV and other sexually

transmitted diseases. School-based condom availability does not increase rates of adolescent sexual activity, as many opponents of public high school condom distribution argue, but does have a modest although significant effect on condom use.

"Thus, the fear that making condoms available will increase sexual activity, a primary political obstacle to making condoms available to high school students, appears to be unfounded,' the investigators note."

This publication, by an affiliate of promiscuity-curriculum developer Planned Parenthood, includes a graph of the ages of teens at first intercourse. The title is "Sex is rare among very young teenagers, but common in the later teenage years." Look at the data and decide if you think the title is valid. It shows that 9% of 12-year-olds (not really teens yet) and 16% of 13-year-olds have had sex. Is this rare? This is the result of Promiscuity Education. Sex certainly isn't the result of abstinence education. The data, which is for 1988, are:¹²⁴

Age at First Intercourse	Percent Having Had Sex
12	"Only" 9
13	"Only" 16
14	"Only" 23
15	"Only" 30
16	42
17	59
18	71
19	82

This study¹²⁵ will be used by promiscuity proponents to "show" that increased condom availability in schools doesn't increase the sex rate. However, the study is hugely faulty even by its own admission. This shows us the lengths the promiscuity industry will go to try to validate their programs. This study never should have been published: It is bogus. It is a study that couldn't claim validity but was published anyway. Proof that it is bogus is partly that study does not mention the school--nor would the author reveal the name of the school in a personal telephone conversation of April 19, 1998, with Life Research Institute. Nor did it present any information on whether some children in the original survey of sex activities graduated and thus were not in the second survey of sex activities. Thus, the no aspect of the work can be verified and all of it could be a lie. Now, quotes from the article describing the study [with comments from Life Research Institute in brackets]:

p. 67: "While making condoms available in high schools has provoked much debate, evidence on the actual effects of such programs on student's attitudes and behavior is sparse.

Methods: "Prior to implementation of a condom availability program in a Los Angeles county high school, 1,945 students in grades 9 - 12 (98% of eligible students) completed a self-administered anonymous survey on their sexual behavior and on related knowledge and attitudes; one year later, 1,110 students (59% of eligible students) [That is, ERROR! Far too few.] completed a follow-up survey."

Results: "There was no significant change over time in the percentage of males or females who had ever had vaginal intercourse or who had had vaginal intercourse during the year prior to the survey. The percentage of males who reported using condoms every time they engaged in vaginal intercourse during the past year increased significantly, from 37% to 50%, and the percentage of males who reported condom use at recently initiated first vaginal intercourse increased from 65% to 80%. On the other hand, female respondents showed no significant change in their condom use. The self-reported [That is, ERROR!] likelihood of using a condom for vaginal intercourse during the following year did not change significantly for students who had had vaginal intercourse, but it increased dramatically for those who had never had vaginal intercourse. The students' attitudes toward sex and condom use either remained the same between surveys or changed in a direction favoring less sexual behavior and greater risk prevention."

Conclusions: "The condom availability program appears not to have produced an increase in sexual activity among high school students, and it appears to have led to improved condom use among males. The apparent strong effect on students' intention to use condoms and on males' use at first vaginal intercourse suggests that such programs may have a particular impact on the least sexually experienced adolescents."

"Condoms came with an instruction sheet and a card warning that 'Condoms are not 100% effective in preventing AIDS/HIV, sexually transmitted diseases or pregnancy during sexual intercourse. Abstinence is! Not all teenagers are sexually active. THINK BEFORE YOU ACT! The consequences may be for a lifetime.'"

"Packets were available in baskets placed in four classrooms and outside of the nurse's office; some of these sites were accessible at times when students could obtain condoms unnoticed by others."

"No new curricula were added to supplement the condom program. Unlike many condom availability programs, this one did not require parental consent, so all students were allowed to take condoms."

"During the first year of the program, between 1,800 and 2,000 condom packets were taken each month." [Each packet contained two male condoms.]

p. 68 "Respondents were instructed to skip questions they preferred not to answer. In addition, the section covering respondents' own sexual behavior began with instructions telling them what page to turn to if they preferred to skip the entire section. [That's not good data collection.]

"Shortly before the follow-up survey was administered, a group of parents contended that specific questions about students' sexual activities were inappropriate and threatened the welfare of students exposed to the survey, and also argued that the active consent process was inadequate. These parents sought a temporary restraining order against the survey, and the controversy prompted media attention about the study. After hearing the case, the court ruled that active consent and the privacy procedures implemented offered appropriate protection for the rights of parents and students, and the survey was administered as planned."

Analytic Approach Weighting procedures: "The switch to an active consent procedure and the local controversy may have led to selective participation in the follow-up survey; as a result, the follow-up sample may have differed from the baseline sample in terms of characteristics that should not have been affected by the program, but that may have been related to outcomes of interest." [That is, ERROR]

p. 69: "Approximately 2,500 students were enrolled in the school at the time of the survey. Students enrolled in English-as-a-second-language classes (about 16% of the school population) and students in intensive special education classes were excluded from the study, at the request of the principal. [That is, ERROR!]

"Approximately 12% of eligible students were absent from school on the day of the baseline survey. Fifteen percent of eligible students were absent on the day of the follow-up survey. Of the 1,878 eligible students present, 1,112 (59%) turned in usable surveys; 764 (41%) did not take the survey (most because of lack of parental consent.) [That is, ERROR!]. . . Compared with the baseline survey, the unweighted follow-up survey had fewer black (6% vs. 9%) and Hispanic (22% vs. 27%) students and more white (55% vs. 48%) and Asian and Pacific islander students (13% vs. 10%). [That is, ERROR!] Students participating at follow-up were more likely to have parents who were college graduates and were more likely to expect to attend graduate or professional school than were those surveyed at baseline. [That is, ERROR!] . . . The percentage of females reporting fellatio [penis in mouth] with ejaculation, cunnilingus [mouth on vagina] (with a male partner) and anal intercourse increased significantly, generally moving closer to percentages reported by males."

p. 70: "Discussion . . . One reason for this difference between males and females [in condom use at first intercourse] may be that the types of sexual activity assessed in this study did not necessarily take place with

partners from the same school. Unpublished [and therefore unverifiable] data from a recent national study of high school students found that about half of males' relationships and almost 60% of females' relationships were with partners who did not attend their school. [That is, ERROR!]"

p. 71: "These findings could also reflect a greater willingness among females to report these activities at the follow-up survey, perhaps because of the schoolwide experience from the baseline survey that answers did in fact remain anonymous and confidential. Such a reporting bias [That is, ERROR!] could be greater among females, who might be more concerned about stigma and thus more reluctant to disclose such information without being certain about confidentiality."

p. 72: [The entire remainder of the article shows ERROR in the study's conclusions.] "Limitations: We could not conduct a randomized controlled experiment because the district had only two schools. one of which was a small alternative school. Therefore, we cannot exclude other factors in the social environment of the school or the larger community as a reason for change between baseline and follow-up. . . .

"In addition, it is unknown whether the set of characteristics used in weighting was adequate to adjust for differences in the characteristics of those participating in the two surveys. Some other characteristics (measured or unmeasured) may have influenced the probability of participation in the follow-up survey. If other factors did influence participation, and if these factors were correlated with the outcome variables, then weighting would not adjust for the bias introduced by differential nonresponse."

"Although we cannot rule out this possibility, we found generally low correlations between the factors included in the regression model used for the weighting procedure and the sexual behaviors measured at baseline, We could not use items such as students' sexual behavior or students' opinions about the condom program in constructing weights because they could have changed over time due to the condom program. We cannot be sure whether such characteristics played a large role in determining participation, so our findings must be considered with this caution in mind. . . ."

"In addition, our findings are based on self-reported data, and their accuracy is therefore difficult to validate. Adolescents (like adults) may overreport socially desirable activities and underreport socially undesirable ones, particularly when reporting on their sexual behavior."

[That is, the conclusions of the study are bogus.]

Pro-promiscuity, pro-abortion people often point to Kirby's and others' studies as proof that non-abstinence programs work. In the opinion of Life Research Institute, whenever anti-promiscuity, anti-abortion people examine these claims through examining the reports on the studies, the claims nearly always turn out to be false.

"Each year, nearly 1 million teenagers in the United States--approximately 10 percent of all 15- to 19-year-old females--become pregnant. About one third of these teens abort their pregnancies, 14% miscarry, and 52% (or more than half a million teens) bear children, 72% out of wedlock."¹²⁶

The following three paragraphs summarizes portions of Douglas Kirby's "No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy," and "Reducing the Risk: Impact of a New Curriculum on Sexual Risk-Taking," *Family Planning Perspectives*, 1991:

"Douglas Kirby, Ph.D. a well-known researcher of sex education program effectiveness, has written frequently about the limited results of these programs. In his reviews of professional research literature that have been published, he has repeatedly made the point that sex education programs have not been highly successful."

This is especially significant because Dr. Kirby is presumed to be pro-abortion, having been Research Director for two pro-abortion organizations: ETR Associates and Center for Population Options.

"Dr. Kirby has limited his evaluations to programs that are published in peer-reviewed literature (research journals). As a result, unpublished or newer programs that may show promise of success have been ignored. Best Friends is an abstinence program that has seen remarkable results in inner-city Washington, DC schools. [See David R. Rowberry, "An Evaluation of the Washington, DC, Best Friends Program," (Ph.D. thesis, University of Colorado, Boulder, CO, 1991)]. One major component of this program includes the pairing of participants with adult mentors who spend significant personal time with the students. A 1995 evaluation of this program found that teenagers involved in Best Friends from grades 5 - 12 had a 1.1% pregnancy rate while teen peers not participating in the program had a pregnancy rate of 26%. This study demonstrates that if young people are given the right message, in the right way, they will often respond."

This and the following five paragraphs show what we can do to help shield our young people from sexually transmitted disease, nonmarital pregnancy and related problems. It is from the first large-scale longitudinal nationwide study¹²⁷ on the health status, risk behaviors and social contexts of adolescents. It is a from highly important, well-documented report based on personal interviews that took place in the homes of 12,118 teens and their families.

According to the findings of this study, the following quotes offer some of the factors associated with adolescents delaying the initiation of sexual intercourse.

"Significant family factors associated with delaying sexual debut included high levels of parent-family connectedness, parental disapproval of their adolescent's being sexually active and parental disapproval of their adolescent's using contraception."

"Adolescents who reported having taken a pledge to remain a virgin were at significantly lower risk of early age of sexual debut. Nearly 16% of females and 10% of males reported making such pledges."

"A higher level of importance ascribed to religion and prayer was also associated with a somewhat later age of sexual debut."

"A startling finding of major importance was that 'among sexually experienced females aged 15 years and older 19.8% (369/1860) reported having ever been pregnant. A greater number of shared activities with parents and perceived parental disapproval of adolescent contraceptive use were protective factors against a history of pregnancy.'"

Do you believe Planned Parenthood and mistrust the Christians? Fine. Then believe them. The following are Planned Parenthood's claims: Fifty-eight percent of women surveyed said they had been using birth control during the month they got pregnant, and condoms were used in 56% of the birth control failures.¹²⁸ That is, Planned Parenthood, great seller of birth control and of family planning, says birth control has not been effective!

Let's see some additional evidence. As the years have progressed since sex education became more and more funded (starting in 1970), let's see what happened to the percent of girls, at various ages, having their first intercourse. The following is from Centers for Disease Control and Prevention.¹²⁹

Percent Having Had First Intercourse at Age Shown					
Year/Age	15	16	17	18	19
1970	5	20	32	39	48
1975	10	19	37	49	64
1980	17	27	26	56	67
1985	20	30	42	53	71
1992	33	53	59	71	79

Can you conclude that throwing more money into school sex programs has been effective? Should society continue to do this?

The following seven paragraphs cover the topic: abstinence gains ground.

Teen study reveals encouraging findings--new research shows that teen birth rates are dropping nationwide, and the chief cause appears to be abstinence.

A study released in April 1998 by the National Center for Health Statistics (NCHS) found the number of teen females giving birth dropped 8.5 percent from 1991 to 1995. Declines were found in every state and racial group.

Also last week, the New York Times/CBS poll found nearly half of teens saying that sex before marriage is always wrong.

Explanation away the drop by claiming it is caused by increased abortion and contraception doesn't work.. Data from the federal Centers for Disease Control and Prevention (CDC) show the national abortion rate fell 15 percent from 1990 to 1995. The teen share of those abortions has not increased, but actually fallen modestly, according other CDC reports.

As for contraception, Focus on the Family's Amy Stephen's points out that contraceptive distribution programs have been commonplace since the 1970s, yet teen birth rates rose throughout those years, only heading downward in the 1990s.

"The safe-sex message has had decades of Title X contraceptive funding and classroom time to prove itself," she noted. "But the tide only turned with the advent of the privately funded abstinence movement in the late '80s and early'90s."

The True Love Waits movement reports that in 1998, 700,000 young people signed cards pledging to remain abstinent until marriage - an increase of roughly 67 percent over 1997's total (450,000).

There are no reliable studies that show that contraceptive sex education reduces adolescent sexual activity, pregnancy, or abortion. Data indicates the opposite to be true! Data from the 1984 National Longitudinal Survey of Work Experience of Youth were analyzed in a report by Marsiglio and Mott. It showed that teenage girls who are exposed to contraceptive education are more likely, than those who are not, to initiate sexual activity, especially if exposed in the younger ages.¹³⁰

In 1986, the Planned Parenthood organization commissioned Louis Harris and Associates to conduct a poll of American teenagers--"American Teens Speak: Sex, Myths, TV, and Birth Control"¹³¹ They investigated what impact various types of sex education (or lack thereof) had on teen sexual activity. The results were a surprise to many. Sex education was defined as "comprehensive" if it usually included discussions of birth control. They found the following:

Type of Sex Education	Percent who had sexual intercourse
"Comprehensive"	46
No sex education	34
Sex education but not "comprehensive"	19
Abstinence-based sex education	Not measured

Headline: "One disease hits 25% of sexually active girls." This article¹³² is for girls between 12 and 19 in the Baltimore area. Fourteen-year-old girls had the highest proportion of infection at 27.5%. The article states, "Chlamydia, a bacterial infection spread through sexual contact, can easily be treated with antibiotics. But women often don't have symptoms, and the infection goes undiagnosed until complications arise. Because about 75 percent of infected women are unaware they have chlamydia . . ."

An article¹³³ on the same page gives the dangers of chlamydia as: In women--infertility, constant pain, tubal pregnancy, pelvic inflammatory disease (which can lead to tubal pregnancy, the leading cause of first-trimester pregnancy-related deaths among Americans, and hysterectomies), and a 3- to 5-fold increase in susceptibility to HIV, and in men--urethritis and sterility. Also, 25% of babies born to chlamydia-infected mothers may develop pneumonia. "Nationally, the annual cost of the infection and its complications is more than \$2.4 billion."

Researchers addressing possible treatments for pelvic inflammatory disease claim that the disease "affects 11% of reproductive age women and has immediate and long-term reproductive sequelae. It is the most significant serious consequence of sexually transmitted disease of the upper female genital tract. Approximately 1 million women experience an episode of pelvic inflammatory disease annually, and 20% of women with pelvic inflammatory disease require hospitalization for treatment."¹³⁴

As the Alan Guttmacher Institute, the research arm of PPFA, acknowledges, there are two million contraceptive failures in the United States each year. Nearly 60 percent of all abortions in the USA—more than 870,000 annually—are performed on women who, at the time they became pregnant, were using contraception.¹³⁵ Dr. Louise Tyrer, Medical Director of the Planned Parenthood Federation of America, confirmed that "More than three million unplanned pregnancies occur each year to American women; two-thirds of these are due to contraceptive failure."¹³⁶

On a worldwide level, contraceptive use in developing countries has increased from about 8% of all couples in 1960 to about 60% of all couples in 1998. Yet the number of legal and illegal abortions worldwide continues to increase, to an estimated 55 million per year, according to the International Planned Parenthood Federation.¹³⁷ If contraceptives were really the answer to reducing "unwanted pregnancies," we should have seen a drop or a leveling out in the number of abortions worldwide. Instead, the upward trend continues.

The Institute for Research and Evaluation has performed extensive analyses on the effects of "family-planning" programs on adolescent pregnancy rates, abortion rates, and birth rates. They reviewed the medical literature from 1971 through 1985, compiled and exhaustively analyzed data from the National Center for Health Statistics, the Centers for Disease Control (CDC), Alan Guttmacher Institute, the 1970 and 1980 U.S. census, etc. They found that involvement in comprehensive family-planning (contraceptive) programs was associated with statistically significant higher teenage pregnancy rates, and lower live birth rates because of increased usage of induced abortion.¹³⁸

In conclusion, this document exemplifies why Life Research Institute and others call "sex ed" "promiscuity education."

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