Sex Education and The Biblical Christian

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Carol Freas can't believe what she's being asked to teach. According to the curriculum in Cincinnati, she is to show *second graders* pictures of nude boys and girls and ask them to name body parts. And that's just the start. In training for the program, elementary school teachers were told there were no absolutes. 'We were told society says there are no right answers,' Freas said.[1] (emphasis added)

In this latter quarter of the twentieth century, the United States is suffering from several epidemics. Planned Parenthood Federation of America, and others representing the population control and birth control establishment, tell us we are having an epidemic of "children (viz, teenagers) having children." And although with incomplete reporting of induced abortions, it's relatively easy to manipulate the muddy statistical waters, it is clear that we have a very significant number of sexually active teens. Over 1 million U.S. teens become pregnant each year. Sexually transmitted diseases (STDs) are afflicting the sexually active in record numbers. Even babies, offspring of infected parents, are maimed and killed by sexually-communicated microbes. This panoply of problems is an inheritance left to us from the "Sexual Revolution" of the 60s. Our culture has widely adopted what Thomas Howard has dubbed "The New Myth," whereby we may supposedly attain the "fields of joy . . . in which we will frolic free of our fears about abstinence and continence and scruple in sexuality . . ."[2] Unfortunately, as the casualty reports from the Revolution roll in, we are learning retrospectively that there was a large admission price to be paid at this particular entertainment. It is now due and past due.

But we are told not to worry, as we pour millions of dollars into acquired immunodeficiency syndrome (AIDS) research, as we strive to remain one antibiotic jump ahead of the gonococcus, and with a new oral abortifacient (RU 486) just around the comer, we're exhorted to have faith in that time-honored secular answer to every social problem: education. Sex education in this case. And especially sex education for teens.

In the midst of the Sexual Revolution, a major battle has been drawn up between competing educational ideologies. Each side is convinced that it is they who have the solution to our vexing epidemics. On the one hand we have the well-entrenched birth control establishment which touts "safe sex" (ie, "careful" promiscuity). Planned Parenthood Federation of America is chief among "safe sex" education advocates. Their weapons are information about physiology and mechanics, condoms and other chemical and physical means of contraception, and induced abortion if all else fails.

Sex education promoting "safe sex" has garnered the lion's share of political, financial, and media support.

In the other camp, we have the upstart advocates of education promoting chastity. Some would use the term "abstinence," which may be defined as voluntarily refraining from some pleasurable activity, to refer to this ideology. Chastity, despite its potential negative connotations, is to be preferred and may be defined as abstention from unlawful sexual activity. Chastity implies sexual continence until marriage. Advocates of chastity education have little political, financial and media support, but, as we shall see, are close to the heart of most parents.

As of August 1989, 14 states required that sex education be taught in the public school,[1] but as many as 40 to 75% of U.S. teens have had sex education.' Planned Parenthood has targeted and additional 4 key states for initiation of comprehensive sexuality education.[1,4] The battle as to the content of sex education is engaged.

Physicians, or at least those whose practices encompass obstetrics/gynecology or primary care, are necessarily drawn into this battle in at least three ways. First, we treat the casualties of the Sexual Revolution, despite our record of relative impotence in the successful therapy of "lifestyle diseases." Secondly, the very word "doctor" is derived from the Latin verb *docere*, to teach. Education, even including the issuing of warnings about the health consequences of certain behaviors, has been an historical component of medical practice. And finally, the physician may well have teenage children of his or her own (an occurrence which has recently motivated the author). Our children face and must sort through a plethora of sexual stimuli unparalleled in the history of western culture.

SEX EDUCATION PROMOTING "SAFE SEX"

Some will perhaps think the author unfair to the birth control establishment. After all, have they not done at least some good for our society? From a purely pragmatic standpoint, one might be tempted to grant a tentative affirmative. And yet the biblical Christian must never stoop to "pure" pragmatism, and we must consider philosophical origins. One only need remember that the founder of Planned Parenthood was Margaret Sanger, a staunch secularist and a strident apostlette of anti-matrimony who held some very iconoclastic ideas.' We must also remember the tenacious commitment of "safe sex" education advocates to the maxim that adolescent promiscuity is inevitable. This is evident even from one of their earlier patient education brochures, the title of which sounds pro-chastity but whose abstinence message is seriously undercut by the deft use of qualifying and conditional language.[6] What began, perhaps as in the case of Margaret Sanger's 1916 clinic, as an attempt to help downtrodden poor families (although with a generous dash of elitist eugenics) has now decayed into a justifier of promiscuity and a killer of pre-born babies.

The philosophy of the birth control establishment can perhaps be most benignly epitomized by quoting a Planned Parenthood tract for teenagers: "Many people believe that sex relations are right only when they are married. Others decide to have sex outside marriage. This is a personal choice.'" "Safe sex" education mixes physiology, mechanics, contraception, and a dash of anti-parental attitude. "Safe sex" may include certain non-coital activities (eg, mutual masturbation), and most definitely, in 1990, centers upon the condom.

In addition, beginning in Dallas in 1967, a powerful secondary strategy has been devised and deployed: the school-based clinic (SBC). Promoted in terms of "comprehensive health care," this "service" has focused on provision of contraception and even abortion referrals to secondary school students. After pilot studies, it has been proffered to a number of schools across the nation. To their credit, parents, teachers, and school administrators have held off SBCs in several locations. However, the Family Planning Amendments of 1989 (S. 110), introduced by Senator Edward Kennedy, will probably soon throw open new doors of federal funding to and promotion of SBCs.[8]

"Safe sex" education is supposedly knowledge-based and "valueneutral." "We" may not, "they" intone, impose our morality on others, especially teens. Yet there is a basic flaw in this theorem: morality and sexuality cannot be separated. Even some secular thinkers are beginning to discover this conjugal axiom. Glenn Tinder,' writing the in Atlantic Monthly about our nation's social and political malaise, has posed and answered the question: "Can we be good without God?" He writes, "Nothing in Christian doctrine so offends people today as the stress on sin. It is morbid and self-destructive, supposedly, to depreciate ourselves in this way. Yet the Christian view is not implausible." Indeed where teen sexuality is concerned, it is quite plausible.

Another shrewd writer, Joseph Subran,[10] has berated what he terms the false paradigm of the isolated sexual act. The advocates of "safe sex" argue vehemently that

sexual behavior is a strictly "private" matter, and that therefore, religious citizens have no business foisting their morality on others. Yet, as Sobran points out: 'The whole liberal picture of `religion' is misleading. Morality is never a mere matter of arbitrary revelation without relevance to social life." Furthermore, he notes: "With supreme artificiality, ["safe sex" education] insists that sexual acts be regarded as purely momentary events, with no permanent or public meaning, with no social consequence."

This is rubbish. Many of our private acts have public consequences. Empiricism should lead any rational citizen to this conclusion, as Sobran writes:

> *If we look at the real world around us, the evidence of fatherless children, mangled fetuses, and wasting diseases the sexual revolution has produced may suggest that the community has at least as strong an interest in sexual relations as it has in commercial ones. To liberal ears, of course, this will sound like a call for `bedroom police', just as any proposal to restore our old abortion laws is liberally translated into `branding women criminals for getting abortions.' A certain kind of mind can never hear of restoring a broken tradition without imagining nightmarish extremes that were never part of that tradition. The pertinent tradition here is no more than the old commonsense morality that assumed that marriage, through difficult, is normal, and fornication, though tempting, is wrong; and that the law need not condone what it can't prevent.*[10]

Yet the advocates of "safe sex" demand tax dollars to teach their supposedly "value-neutral" concepts.

Furthermore, when we trash a moral base for our sex education, we initiate a chain reaction. One evil begets another. It is quite interesting to ponder that between 1960 and 1980, prime years in the development and implementation of "safe sex" education, the number of outof-wedlock births in the United States increased by 500%." Neither must we forget that "safe sex" typically harbors no moral repugnance toward induced abortion, the ultimate back-up, literal "birth control" if other contraceptive measures fail. "Safe sex" teaching may even encourage the impressionable to think of abortion as only another form of contraception. As one woman, returning for her fifth -abortion, reported to a nurse in Georgia, "It's easier just to come in and get cleaned out than to take a pill all the time." As Tinder' has noted, "It is difficult for secular reformers lie, advocates of "safe sex"] to reconcile their sense of the dignity of individuals with a recognition of the selfishness and perversity of individuals. They are thus led persistently to exaggerate human goodness."

And finally, in theoretical analysis, there is another problem with "safe sex" education, as James A. Harrell, acting director of the U.S. Public Health Service's Office of Disease Prevention and Health Promotion, has said, "The real challenge in adolescent health education is to reach those teenagers who are fully *informed* about health issues yet continue to engage in high-risk behavior. How to reach out to [them], how to make them understand that they must be strong enough to withstand peer pressure and to live their lives sensibly rather than endangering themselves and others . . . that is the problem for us" (emphasis added).[12]

Such is the problem of the gap between adolescent knowledge and actions. Although studies showing sexual ignorance may be found, several surveys have shown that U.S. teens possess a reasonably good knowledge base regarding STDs and related matters.[13,14] Yet what do they do with that knowledge? As Wanda Franz[15] has noted, teens often suffer from the illusion of the "personal fable": They know about STDs and pregnancy but feel "it will never happen to *me."* Certainly this is a problem for any sex education methodology, but how much more so for one that denigrates "values," opting instead for "information" only. It has become clear, for those who will see it, that we cannot deal with teens successfully on a strictly rational or informational basis when it comes to

sexually-related problems.

WHAT DO THE DATA SAY?

How well is sex education promoting "safe sex" working? In a recent study which provoked national controversy, Stout and Rivara16 stated that "traditional" (ie, "safe sex") sex education has produced "little or no effect . . . on sexual activity, contraception, or teenage pregnancy." Whereas the rate of pregnancies among U.S. women 15-19 years of age was 64.7 in 1971 when federal expenditures on family planning were estimated at $80 million, the rate has risen to 96.0 per 1000 women in 1981 when expenditures were estimated at $325 million." "Safe sex" education does not appear to have fulfilled its claim to be the solution. One study by Vincent and colleagues[18] is cited as a success story; however, this educational effort in one South Carolina county was not "traditional," in that it had significant support from parents and community clergy, and it incorporated a significant emphasis on abstinence in addition to the usual physiology and contraception line. Professor Murray also related to me in a telephone conversation that their (unpublished) efficacy data fell off significantly in years following the publication of the study.

School-based health clinics offering "safe sex" have also failed to show efficacy. Beginning in 1984 advocates (eg, Planned Parenthood and the Center for Population Options) of birth control for teens began a major drive to place clinics inside public middle, junior and senior high schools. From only 12 such clinics in 1984, the number of operating clinics had grown to more than 80 by the end of the 1987 school year." Despite this growth, there have been no substantive data documenting their effectiveness in reducing teen pregnancies or sexual activity. A report by Zabin and colleagues[20] is often cited as demonstrating the efficacy of SBCs in reducing pregnancy rates in two Baltimore schools; however, the study suffers from significant methodological flaws (eg, use of differing comparison groups), which may be the reason it was not published in a major medical journal. In addition, Olsen and Weed" 22 have shown that, between 1971 and 1981, government sponsored birth control programs produced increases of 50 to 120 pregnancies per 1000 clients. Simultaneously, births declined by about 30 per 1000 clients; such reductions in teen *birth* rates are often touted as supportive evidence by "safe sex" advocates, yet a closer inspection reveals that birth rate reduction corresponds not to a reduction in pregnancies but to an increased induced abortion rate.

Furthermore, as studies from Chicago and New York City have revealed, there is often considerable parental opposition to SBCs. The New York study showed that 91% of all parents desired that their children receive abstinence counselling.[23] Student confidentiality is a hallmark of SBCs and reveals the anti-parent mentality of many of their staunchest supporters. Steichen has written ". . . always implicit and occasionally explicit, is the assumption that rights are given or withheld by the state, rather than inherent in the family. It is in fact a despairing view of adolescents, the family, and the possibility of faithful and enduring relationships between the sexes."[19]

Sex education promoting "safe sex" also suffers from practical ("hardware") problems. While there is evidence that condoms24 and spermicides[25] offer protection against STDs, there is also data linking birth control pill (BCPs) and pelvic inflammatory disease.[26] Furthermore, in the setting of typical usage, BCPs have a failure rate of 3%, condoms 12%, contraceptive sponge with spermicide 18%, and spermicide alone 21% (where failure is defined as the percent of "accidental" pregnancy during the first year of use).[25] And despite the significant recent AIDS-related condom campaign, data obtained during the 1988 National Survey of Adolescent Males revealed that only a little over half of sexually active males between ages 15 and 19 reported condom use during their last intercourse.[27] Thus the "equipment" touted by "safe sex" advocates is certainly less than optimum.

In addition, the rate of pelvic inflammatory disease has been rising among U.S. adolescent females during the same period when "safe sex" education has been developed and widely implemented.[28] Also it has been shown that women using BCPs have a higher rate of

lower genital tract infection with *Chlamydia trachomatis.*[26] And as Steichen has pointed out, the New York City SBC study demonstrated what is common knowledge: giving teens contraceptives doesn't guarantee their use. As many as 48% of the New York clinic clients did not use their contraceptives.[23] Similarly, Rickert and colleagues[29] showed that even fear of AIDS did not necessarily influence teens' use of condoms.

Despite these disappointing results, "safe sex" education has enjoyed the support of our Congress. The Family Planning Services and Contraceptive Research Act (Title X) of the Public Health Services Act has expended $2.1 billion and has garnered a clientele estimated to include 1.5 million teens since its passage in 1970. Title X has been reauthorized 6 times since 1970, but since 1985 it has been funded, in the absence of new authorization, at about $140 million annually. Planned Parenthood receives about $30 million annually under Title X.[30]

In 1981 the Adolescent Family Life Act, or Title XX of the Social Security Act, was passed by the Reagan administration as an attempt to promote abstinence-based alternatives to Title X programs. Such programs as Sex Respect have received funds from Title XX.

In July 1989, however, the Senate Labor and Human Resources Committee reported out legislation (S. 110 and S. 120) sponsored by Senator Edward Kennedy which, if adopted by the 101st Congress, will have the effect of merging Title X and Title XX under the guiding principles of Title X. This in effect would restore federal endorsement of the "normative order of sexual freedom" which prevailed from 1970-'78, removing the modest federal commitment to abstinence-based programs as alternatives to the contraceptionand-abortion-as-usual programs. In addition, S. 110 authorizes funding for development and marketing of new contraceptive drugs and devices (probably to include the oral abortifacient compound, RU-486) and funding which could be used to promote and operate SBCs.[30]

Since 1970, in summary, the U.S. Government (excluding funding for birth control services under Medicaid) has financed contraceptive-versus-abstinence-based projects and services at a ratio of 27:1.[30] When we consider the lack of convincing evidence favoring "safe sex" education, we must ask, "Why?"

SEX EDUCATION PROMOTING CHASTITY

As for chastity, we may rest philosophically upon a reliable foundation. The Bible is clear that sexuality cannot be separated from morality or from the family. In the Pentateuch we find references to the immorality of fornication in Leviticus 19:20-22 and Deuteronomy 22:13-30. Proverbs contains multiple references to the necessity of premarital chastity and to fidelity after marriage; Proverbs 13:17 suggests that physicians should urge their patients to be chaste. In the New Testament, excluding multiple notations within the same verse, there are 32 references to fornication as indicated by Strongs Exhaustive Concordance of the Bible. A few examples suffice to indicate the tenor of the teachings as a whole.

I Corinthians 7:8-9 acknowledges the reality of human sexual drive. God's word deals with real people and their real problems. I Corinthians 7:37 speaks of human "will" and indicates that mastery of one's sexuality is obtainable. I Corinthians 7:1-2 is typical of verses setting forth the practical tone of God's design for the proper use of human sexuality. Ephesians 5:22-23 describes the exalted ideal of God's design for marital harmony, including sexual harmony. And I Corinthians 6:18 yields perhaps the best succinct advice on the harmful use of sexuality: "Flee fornication." Nowhere in Scripture do we find directives regarding "safe sex" as a technological achievement permitting fornication or adultery free of consequences and complications.

Thus the Bible yields no adjustment for our cultural slide toward sexual immorality. Biblical "safe sex" means chastity until (heterosexual) marriage, followed by monogamy thereafter. Therefore, the norm is to be premarital sexual continence, then one man for one woman (except for widows and widowers, who may remarry).

The Bible assumes inculcation of its values, which, when coupled with the human will, yields chaste behavior. At times this behavior will represent a distinct change from past behavior (eg, in the case of the first-century Corinthian church).

OBJECTIONS

Yet in the popular media and in academic and intellectual circles, we encounter a steady stream of objections to chastity-based sex education. The first which one typically hears is that against teaching "values" to students. By values, of course, "safe sex advocates mean religious values, or more specifically, Christian values. "Safe sex" education is supposedly knowledge-based and "value-neutral," a secular educational concept currently held in highest esteem. Teaching religion as part of public sex education reputedly violates constitutional "separation of church and state" (typically erroneously elaborated).

Practical refutation of this objection may begin by considering how many parents one knows personally who would truly object to value-based sex education (which actually worked) for their children. One may also adduce the current incidence of teen pregnancies, and the epidemic of STDs sweeping our nation as evidence against the values vacuum so widely esteemed by the "safe sex" cognoscenti. In addition, the U.S. Supreme Court, in its 1988 decision in Bowen v. Kendrick, upheld the constitutionality of the Adolescent

Family Life Act of 1981, thus affirming chastity-based sex education in the public schools.' And finally, although Christian parents would welcome Bible-based sex education curricula for their children, there are value-laden chastity-based sex education programs (eg, those published by Project Respect, Inc. and Teen-Aid, Inc.) which are excellent even without the "encumbrance" of religious trappings.

The second objection (often accompanied by grins or sneers) one typically hears that chastity education just doesn't work. Can't work, in fact. For a cardinal assumption of "safe sex" philosophy is that teen promiscuity is an inescapable, inexorable fact of life. In fact, it may even be a "healthy" part of growing up. (Alas, if it is healthy, it certainly has an unsettling incidence of unhealthy side effects. Moreover, it can be argued persuasively that promiscuity is not inescapable, but more on this shortly.)

Notwithstanding, chastity-based education does appear to work. Although it must be admitted that the conclusions are preliminary, the research data to date are quite encouraging.

Respect Incorporated (Box 349, 231 E. Broadway, Bradley, Illinois, 60915-0349) was begun in 1987 by teacher Coleen Kelly Mast who, from her experiences with students at a private school, concluded that chastity could be effectively taught at the junior high and high school levels. Her abstinence-based curricula involve students, teachers and parents. They are approved for use in public schools by the federal government and are currently being tested by thousands of schools. Her program teaches teens that saying "no" to premarital sex is their right, is in their best interest and that of society, and is in the spirit of true sexual freedom. It shows teens how to say "no" (so-called "refusal skills").

Apart from letters she receives from parents, students and school administrators testifying to their thanksgiving for the curricula, she is in the process of compiling a statistical base documenting the success of her methodology. And although the ultimate proof of efficacy for any sex education program is changed *behavior* (viz, decreased teen pregnancies, abortions, STDs), her questionnaire data typically show significant changes in attitudes toward chastity before vs after the curriculum (Table). The data do not indicate perfection but certainly demonstrate enough hope so as not to be discounted before more definitive results accrue.

Teen-Aid (N. 1330 Calispel, Spokane, Washington 99201-2320), from experience with 1900 students in 17 schools, has published similarly encouraging results which have been reviewed by Weed and colleagues for the federal government.[31] Teen-Aid was also at least in part responsible for a remarkable success story in San Marcos, California, where during the 1983-84 school year 178 junior and senior high girls became pregnant

(1 in 5 girls). Subsequent to the adoption of the Teen-Aid curriculum, the number of pregnancies dropped to 20 in the 1986-87 school year. The Teen-Aid curriculum Sexuality, Commitment, and Family has been purchased by 2,500 school districts across the country.' Other quality chastity-based curricula are also available.

Another source of indirect evidence that chastity works, especially when parents are involved, comes from data supplied by the Minnesota Department of Health. Four years after that state's parental notification law for minors' abortions went into effect, the number of pregnancies in girls under 18 dropped nearly 21 %, abortions dropped 32% and births dropped nearly 19%.[30]

To achieve optimum results, such curricula obviously require implementation by teachers who believe in the potential of what they're teaching, but so it is for all instruction. A fair trial is certainly in order. Desultory dismissal of such chastity-based-programs as sermon words which will "never" prevent teens from copulating is indeed an ironic critique by zealous "safe sex" education advocates who can show but meager (if any) true evidence for their own success.

"The MAXIM"

What about the well-worn maxim that adolescents will be sexually active no matter what anyone says or does? Many thinking persons don't believe this is necessarily true. If the causes of teenage promiscuity are biological drives, dysfunctional families (which may result in unsupervised "latchkey" children), peer pressure and approval by authority figures, there would seem to be several helpful interventions available. Certainly, parents of two generations ago did not accept promiscuity as a given evil.

CONCLUSIONS

One of the battle cries of the sexually convulsive sixties was "free love." Remembering this motto, R.V. Young" poignantly writes:

> *I had thought little about 'free love' for many years until recently when it occurred to me that, during the eighties, this most cherished delusion of the sixties has been replaced by another, no less perilous and considerably cruder: 'safe sex.' For all its dreams of free love for free spirits, what the sexual revolution has finally brought us is symbolized by a bit of greasy rubber. And just as love is never really 'free,' even so sex is never really 'safe.' Risk, of one kind or another, is an essential element of human sexuality, which, in its primary procreative function, is a reminder of our inevitable mortality.*

Yet "safe sex" proponents would solve our teens' problems with "safe sex" education, and they are not nearly ready to concede defeat. Thus the cultural dichotomy, what Donovan and Rickwald[30] have termed "two normative orders," continues. One order "casts children as independent moral actors entitled to freedom in sexual matters and a full panoply of rights for dealing with the consequences," whereas the other order is "premised on strong parental guidance and condemnation of sex outside marriage." One says: Do it (but be careful)! The other says: Don't do it (and here's why)! One accepts sin as normative; the other rejects sin as pathologic. One, as Tinder[9] concludes, offers humanity "simply life," whereas the other offers "destiny.' As Sobran[33] notes, one treats an "unwanted pregnancy" as if it were an "unprovoked act of fate" (perhaps akin to a visit from the stork), while the other raises the question of how the "unwanted pregnancy" got there in the first place and holds responsible the human will which initiated it.

Which order will we have? As evangelical Christians we must realize that a technological solution will never solve a moral (ie, value-laden) problem. We must formulate, adopt and promulgate a medical and social ethic of chastity-based sex education.

How may we do it? We must review the roots of teenage promiscuity such as biological drive, dysfunctional families, peer pressure and approval by

authority figures, and intervene accordingly.

First, despite all the ingenious arguments to the contrary, we must paraphrase Pontius Pilate: What is "safe sex"? We must hold fast to the biblical conviction that "safe sex" equals premarital chastity and marital

TABLE: Student Attitudes Toward Sexuality Before and After Sex Respect Curriculum

(sample questions and responses)

	a Kansas Senior High School	a Missouri Junior High School	a Wisconsin Senior High School	an Illinois Junior High School
Do you think sexual urges are controllable? ("always")				
- Before....	14%	20%	21%	24%
- After....	34%	38%	45%	55%
The best way for young people to avoid unwanted pregnancy is to wait until they are married before having sex. ("strongly agree" and "agree")				
- Before....	69%	65%	75%	65%
- After....	89%	86%	93%	89%
Is the sex act all right for unmarried teens as long as no pregnancy results of it? ("no")				
- Before....	20%	37%	53%	41%
- After....	46%	55%	63%	66%
A teen who has had sex outside of marriage would benefit by deciding to stop having sex and wait until marriage. ("absolutely true" and "very true")				
- Before....	45%	37%	38%	34%
- After....	60%	56%	58%	49%

Data supplied by **Respect Incorporated**

monogamy. Mossbacker[34] has written congently of the Christian physician's normative stance toward contraception for single persons. There is disagreement here among Christian physicians, but we must remember that the ideologies at war, despite the misunderstanding of some Christians, are mutually exclusive: We may hardly deliver a lasting lesson on chastity when it is followed by a condom-on-a-zucchini demonstration.

Secondly, we adults must live lives ourselves that role-model the proper use of God's gift of sexuality. And here, perhaps, is a sticking point. Confession and repentance of covert personal sins and impediments may well restore our spirit for vigorous support of teen chastity.

Third, both teachers and physicians may communicate deeper and more lasting lessons to the young than they perhaps realize. We should encourage Christian teachers, and physicians and community leaders may influence educational structures by being elected to school boards and by becoming involved in such national organizations as Citizens for Excellence in Education. And, indeed, the physician is a teacher himself or herself. Our role as teacher must go well beyond the prescription of an antibiotic whose medical journal advertisements invites us to "write a happy ending to STD," simultaneously depicting the attractive, smiling couple in the background. Traditionally, physicians have been charged with a duty to warn their patients.[35] We remonstrate about tobacco and cholesterol; why not about promiscuity? In Ezekiel 33:2-5 God speaks to the prophet about his responsibility to warn a decadent society; should we not also warn our society of the practice of "sex without consequences?"

Then, we may advocate the rapid demise of current television programming and popular music. "Sexual freedom" is blatantly celebrated in the media, but in a distorted, immoral fashion; as Sobran33 writes: "No movie star wants to be shown finding a sore on his genitals or wondering why her period is late." This is sex education at its worst. Socalled "shock radio" has allowed homosexual recruitment over the airwaves.-'6Dr. Ruth has initiated a TV "advice" program aimed at teens.

The rap group "LL Cool J" allegedly gang-raped a 15-year-old girl who'd won a backstage pass at their show in Minneapolis;[38] the group "2 Live Crew" will supposedly enclose condoms in all future copies of their records.[39] The average American child sees 14,000 sexual references or innuendos on television each year, excluding commercials.[40] Common sense would suggest such popular media influences are not healthy for our children. Biblical discernment would suggest outrage.

Recently, even academics and politicians are awakening to the tremendous influence exerted upon our young by these powerful, negative entities of stylized peer pressure. Strasburger[41] has written: "It is no coincidence that the problems of teenage pregnancy and drug abuse have peaked during the coming of age of the Television Generation." He characterizes televised sexuality: "Sex on TV - impersonal, emotionless, exploitative - is unrealistic and potentially harmful to young people. A 1981 study revealed that ... between 1975 and 1979, the average number of `suggestive' sexual behaviors on television increased nearly sevenfold." The American Academy of Pediatrics has officially noted that TV exploits young people and may be a cause of "many serious adolescent health problems"[42] and has recommended that the music industry produce "prosocial" messages, including "sexual abstinence."[43] Even the American Medical Association has issued a cautiously negative critique of teen popular music.[44] Congress, for its part, passed the Television Violence Act of 1989. Corporations are beginning to respond to activist pressures. PepsiCo dropped Madonna as a role model for their commercials. The results of a nationwide boycott against the Mennen and Clorox corporations as documented sponsors of televised gratuitous sex and violence are tentatively encouraging. Finally, on the positive side, it is worth pondering what effect *healthy* television role models and themes might have upon teen sexual activity.

Then, we must encourage tightening of paternity laws. Our society must retract its sufferance of unbridled, irresponsible fathering of children. As Sobran "notes: "American society has been amazingly reluctant to admit the results of [the sexual revolution]. It is practically impossible to hold males responsible once you have introduced the supposed right to have sex with any consenting partner. Women never asked for this revolution; in various ways, from the traditionist to the feminist, they have been begging for protection from it. It will not be easy to reverse, but the principle is simple: People have to be made to take responsibility for what they do." Such teaching of personal responsibility is a part of the high- quality chastity-based curricula currently available.

Then we must also work toward legal reform of our woeful welfare system, preferably at the state level. The development of self-sufficiency has been associated with reduced rates of pregnancy, induced abortions and out-of-wedlock births.[34]

And finally, physicians and other concerned Christians must offer help to unwed mothers. There are many stories of repentance and changed behavior on the part of young women who have experienced compassionate treatment during pregnancy. In my own practice experience, this intervention may be crucial to the individual cessation of successive generations of unwed mothers; more cross-cultural progress is needed, especially among blacks.

As Christians, we must stand up to those who would summarily dismiss with a sneer the sexual "oughts" of centuries of western culture. We must remember that chastity threatens the vested interests of the birth control establishment. We must call their bluff as they lobby for more funding and more influence, these who are more than willing to retain drug treatment and counseling programs45 on the basis of their "modest" efficacy," and yet who would dismiss chastity-based sex education programs before a fair trial is done and relegate sexual continence to the same abyss of obsolescence as the ice box. It is high time for a change.

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