



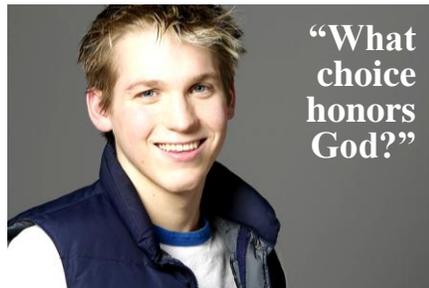
“Am I
worth the
wait?”



“How
can
I avoid
getting
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“How can
I prevent
getting
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“What
choice
honors
God?”

Abstinence is the Answer

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The nation's largest public policy women's organization

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A Report from the Beverly LaHaye Institute

Janice Shaw Crouse, Ph.D.

While comprehensive sex-education programs have a 20:1 funding advantage over abstinence programs, the small amount the nation devotes to helping young people make the best choices for their current and future well-being is making a huge difference in the lives of the nation's teens. The Beverly LaHaye Institute's (BLI) research finds that at the height of abstinence funding, the number of teens (ages 15-17) who abstained from sexual relations increased to the point that it is now the 20- to 30-somethings who are driving the out-of-wedlock births and not teenagers. BLI's good news regarding teen sexual behavior is that teen sexual activity is down (declined from 54 to 46 percent), teen pregnancies are down (dropped 67 percent), teen births are down (declined 45 percent), and teen abortions are down (See graphs in subsequent pages).

These trend reversals indicate that policy counts and good abstinence programs are the answer for many of the problems that rob teens of their future.

Social science research indicates that the good trends today are associated with the effectiveness of abstinence programs. A 2010 study by the University of Pennsylvania,¹ published in the *American Medical Association's Archives of Pediatric and Adolescent Medicine*, found that after only eight hours of abstinence education, "Middle school students were one-third less likely to engage in sexual activity compared to their peers."² The effects of their participation in abstinence education programs persisted two years after they attended the class. It is important to note that this Penn State study used randomized controlled experiments, the "gold standard" in program evaluation; this "most sophisticated" social science research methodology proved the effectiveness of abstinence education. Also, a 2008 Heritage Foundation study³ found 11 out of 15 abstinence education programs had positive effects. These efforts are providing the substantiation necessary to counter the criticism of the comprehensive sex education giants who heretofore have dominated the media messages about teen sexual behavior and expectations.

Abstinence programs have "come of age," and opinion leaders (media, commentators, politicians, school officials) need to recognize and acknowledge that continued criticism and underfunding of abstinence programs is hurting American teens during an important part of their lives and robbing them of their future prospects. For the well-being of the nation's teens, we must support those policies and programs that work and discontinue those policies and programs that are counterproductive and harmful to the nation's young people.

Social Science research is clear that relationships and the overall well-being of the nation's youth cannot be separated from their sexual behavior. A recent study by Kenneth F. Ferraro, Ph.D., and Karis A. Pressler, MA, published by the *American Journal for Health Studies*, showed that abstinent teens have better academic performance (higher GPAs and improved verbal and numerical aptitude skills) along with other associated social benefits (such as stronger peer relations, positive youth development, and being aware of the consequences of risky behavior, such as teen pregnancy or sexually transmitted diseases) than teens who are sexually experienced.⁴

It is long past time for responsible adults in our culture — parents, teachers, community and religious leaders, and pastors — to counter the misinformation and distorted messages that mislead the nation’s teens into thinking that recreational sex has no consequences. In fact, the biggest problem young teens and women face today is the “epidemic of ignorance, misinformation, and duplicity” of the so-called “safe sex” campaigns.⁵ These campaigns, promoted by slick and expensive public relations efforts by leftist individuals, politicians, and organizations, have had free reign in all public arenas — media, Congress, entertainment, education, and throughout the public square. Mrs. Leslee Unruh, President of the National Abstinence Clearinghouse, described the most-recently-proposed sex education curriculum as teaching students a “twisted worldview.” This sex education curriculum truly is “twisted,” with an emphasis on indoctrinating kids as young as kindergarten about “gender-bending,” “sexual orientation,” and “children’s sexual rights.”⁶ The long-honored principle of “age-appropriate” sex education is long forgotten in the rush to set a new standard: indoctrinate America’s children as young as possible in order to 1) counter their parents’ influence toward traditional and/or Judeo-Christian values, or, 2) as is too frequently the case, before the parents start talking about sexual issues with their children.

Like Leslee Unruh, Dr. Miriam Grossman, a physician who writes about the harms of the sexual revolution from her personal experience on college campuses, is also very concerned about the agenda of those who promote comprehensive sex education and a *laissez-faire* attitude toward teen sexual behavior:

“Sex ed is a social movement. Its goal is to change society. The primary goal of groups like SIECUS, Planned Parenthood (PP), and Advocates for Youth (AfY) is to promote sexual freedom and to rid society of its Judeo-Christian taboos and restrictions. In this worldview, almost anything goes. Each individual makes his or her sexual choices; each person decides how much risk he or she is willing to take, and no judgments are allowed. The science that is used is selective. If it challenges this model of human sexuality, if what’s seen under the microscope threatens this dream for society, it doesn’t exist.”⁷

Note that Dr. Grossman pointedly says, in reference to information distributed by SIECUS, PP, and AfY, “The science that is used is selective. ... [I]f it challenges ... [or] threatens this dream for society, it doesn’t exist.” It is time for parents and members of Congress to look at the facts and study the social science data, not depend upon biased reports, slanted interpretations, and distorted information that presents a false picture of what is best for the nation’s young people.

Research from University of Texas at Austin sociologists Mark Regnerus and Jeremy Uecker, in their best-selling book *Premarital Sex in America*, notes that sex has increasingly been separated from marriage, and they quote Jeffrey Arnett’s research that 70 percent of contemporary young adults regret their first sexual encounter.⁸ The research and common sense are clear: the best choice for all teens is to remain abstinent until marriage and to be faithful in marriage. Those are the choices that lead to the greatest well-being in life. It is unfair that our most vulnerable teens — those who lack the personal circumstances (parental involvement, faith, and good friends in their everyday life) that provide inoculation from peer pressure — are the ones who are not given the full truth.

It happens all the time. When Congress begins drafting appropriations bills dealing with the funding of sex education, the Left starts undermining abstinence programs and tries to convince Congress and parents that young people “are going to do it anyway; therefore, we must teach them ‘safe sex.’” The Left claims that greater condom use is working and credits condoms with the decline in teen births. Does anyone really believe that teens are better and more consistent users of contraception than adults? Facts indicate otherwise. Valerie Huber, of the National Abstinence Education Association, reports that about 75 percent of teens say that they didn’t use contraception the last time they had sex. So to say that the decline in teen births is due to contraceptive usage is really stretching the truth.⁹

In spite of the evidence showing the effectiveness of abstinence programs and ample evidence of the distortions and special interest agendas of those promoting the comprehensive sex education programs, the federal government disproportionately supports sex education programs — which is an indication of the power and influence of the major organizations involved in comprehensive sex education programs.

The funding comparisons between comprehensive sex education and abstinence programs and the changes in funding priorities are explained in detail by Family Research Council’s David Christensen in his publication, “Federal Abstinence and Sex-Ed Funding.”¹⁰ The previous two congressional funding cycles removed funding for the Community Based Abstinence Education program and replaced it with a \$100 million “Teen Pregnancy Prevention Program” in line with President Obama’s budget requests (Note: This move was made even though it was obvious that teen pregnancies were declining). The FY 2012 Consolidated Appropriations Act restored funding of \$5 million for abstinence education. It is glaringly obvious that funds for “pregnancy prevention programs” overwhelmingly support the condom distribution and gender-bending programs from Planned Parenthood and other organizations.

As these figures indicate, for every \$20 spent on condom-based programs, only \$1 is spent funding abstinence programs.¹¹

In 2007, Rep. Dan Burton (R-Indiana) summed up the comprehensive sex education argument when he wrote, “In other words, they believe that teens are going to have sex anyway, so the best response is to teach teens to protect themselves and encourage them to practice ‘safe’ sex.”¹² Sadly, whenever it is time for appropriation hearings to be held, you can count on well-timed “research” being released to “prove” that “abstinence programs don’t work.” The Left is totally predictable in those regards, and they follow a typical pattern: The Left vehemently argues that the government is throwing money away to support “failed” abstinence programs. Translation: All the federal money should go to the groups promoting “safe sex” through the use of condoms. Those same groups, of course, get the grants to write and produce the “safe sex” curriculums and hire the “teachers” to do the special classes.

Often, the attacks are extreme and partisan. Opposition research simply regurgitates previous criticism:¹³ primarily about three early abstinence programs, statistics from a 1993 program, a program no longer published, and another one that has subsequently been updated and revised. Obviously, such unfounded, out-of-date criticism puts a political agenda before honest evaluation — never mind students’ well-being. Common sense tells you that you’re not likely to find something that you’re determined not to see. One study of a D.C.-area program found that

girls in the abstinence program, Best Friends, were about seven times less likely to engage in sexual activity than those who were not in the program.¹⁴

Common sense also says that something has been at work to bring down the rates of sexual activity by teens over the last 15 years. That “something at work” certainly isn’t the liberal sex education bilge that has polluted the minds of teens for the last 40-50 years; the “sex is no big deal” and “sex without consequences” agendas of such “education” programs are hard to distinguish from the ones pushed by Hugh Hefner at *Playboy*. Those agendas produced unprecedented rates of teen sexual activity, out-of-wedlock births, and abortions.

Those agendas also produced unprecedented rates of sexually transmitted diseases (STDs). The Centers for Disease Control and Prevention (CDC) estimates that about “19 million new cases of STDs¹⁵ occur each year” and “about half of those occur among those who are 15-24 years of age.” The “direct medical cost” of these diseases to the 15-24 year olds alone was estimated at \$6.5 billion in the year 2000. In addition, the racial disparities are significant — black teens have the highest rates of Chlamydia and gonorrhea, with black females, ages 20-24, not far behind as next highest.

The Beverly LaHaye Institute report,¹⁶ “Sexually Transmitted Diseases: The Cost of Free Love,” points out that condom use does not prevent any of the 49 sexually transmitted diseases present today (up from three STDs in the 1960s); it merely reduces the risk of transmission. The CDC agrees that only abstinence prevents disease: “**The most reliable ways to avoid transmission of STDs are to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner**”¹⁷ (emphasis CDC’s).

While it is a given that more teens engage in oral sex¹⁸ than before President Clinton declared that it was not “sex,” oral sex as a substitute for vaginal sex is not an obvious explanation for the drop in teen births (as has been suggested by some leaders from the Left). Last year’s National Health Statistics (NHS) report, “Sexual Behavior, Sexual Attraction, and Sexual Identity in the United States: Data from the 2006-2008 National Survey of Family Growth,”¹⁹ purports to be “relevant to demographic and public health concerns, including fertility and sexually transmitted diseases among teenagers and adults”²⁰ and focuses on those who are 15-44 years of age. Nearly 14,000 respondents entered their answers to a questionnaire into a computer without an interviewer. The report indicates that less than 10 percent of teenagers, aged 15-19, have had oral sex with an opposite sex partner, but not vaginal intercourse (seven percent of females and nine percent of males).

Another aspect of the rampant “sex as recreation” movement, precipitated by the PP agenda of comprehensive sex education, is the increase in the number of sexual partners of teens who begin sexual activity as very young teens. Among women who had 15 or more sexual partners, black women topped the list at 11.3 percent, with whites at 8.9 percent and Hispanics far behind at 4.4 percent. Among men having more the 15 sexual partners, black men topped the list at 30 percent, whites at 21 percent, and Hispanics were a close third at 19 percent.

Yet, frequently, truth breaks through the darkness of lies and distortion; truth can even spotlight the fallacies in special-interest agendas. For instance, the *Journal of Research on Adolescence* published the results of a survey covering 1,052 inner-city adolescents. A team of pediatricians at New York City’s Albert Einstein College of Medicine conducted the research²¹ and found that

abstinent students have a stronger academic profile, while those who engage in sexual experimentation are more likely to exhibit academic and behavioral pathologies. The non-abstinent students were more likely to earn low grades, drop out of high school, and experiment with drug and alcohol use. The Einstein scholars identified the “co-occurrence of substance abuse and dropping out of school with sexual activity” as a “problem behavior syndrome.”

Abstinence programs don't as yet have a long a track record; they've only been in place a few years; only recently have they seen widespread use in schools across the nation, and studies evaluating abstinence programs are just beginning to be published in the social science research literature. However, the published studies to date give clear evidence of success. The Heritage Foundation evaluated 22 studies of abstinence education. Sixteen studies examined abstinence programs that were intended primarily to teach abstinence. **Of these 16 studies of abstinence teaching, 12 reported positive findings** [emphasis mine]. The other six studies analyzed virginity pledges, and of these six studies, five reported positive findings. **Overall, 17 of the 22 abstinence studies evaluating virginity pledges reported statistically significant positive results** [emphasis mine]. The results among youths who received abstinence education included delayed sexual initiation and reduced levels of early sexual activity.²²

The big story, however, is the trends revealed in the official data indicating dramatic and remarkable demographic changes that coincide with the broader use of abstinence-only programs across the nation [emphasis mine]. Official government statistics show reversals in trend lines that were resistant to change prior to the availability of abstinence-only programs. The sex trends report from the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) show that between 2006 and 2008, abstinence was 27 percent in young men between the ages of 15 and 24 years, up 22 percent since 2002. The abstinent females group in the same age bracket was at 29 percent, up 7 percent from 2002.

Based on solid evidence of these trends, everyone should be promoting the risk-avoidance programs that lead to these positive outcomes for America's youth.²³ Such data are available, but hardly anyone is paying attention; certainly, the following three trends aren't making the headlines — and they should, because our young people and their parents deserve to have access to the best information available about teen and young adult well-being.

First Significant Trend Among Teens Today

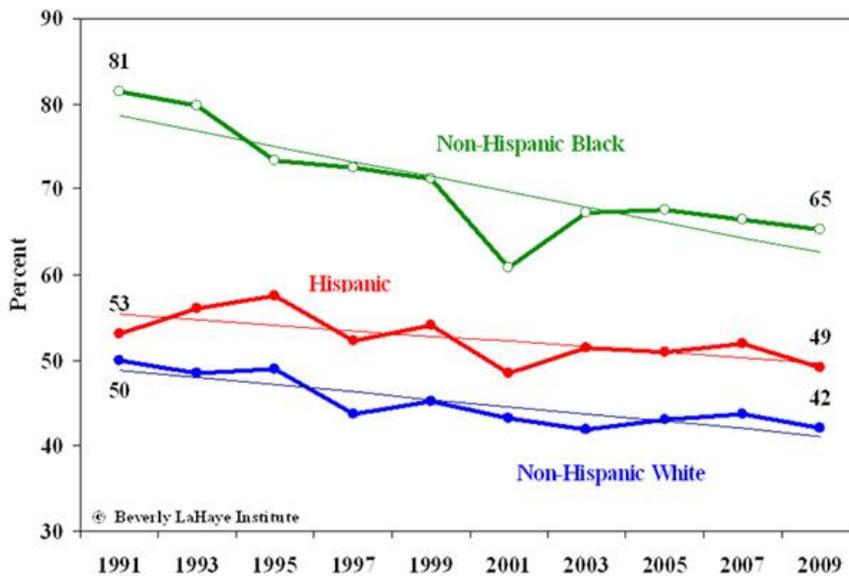
TEEN SEXUAL ACTIVITY IS DOWN

A major report from the CDC²⁴ in late 2011, “Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing,” describes a “steady, significant long-term decline” in teen sexual activity. There is considerable evidence that teens are looking for reasons to delay sexual activity,²⁵ and the most common reason (31 percent) cited by teenagers is their “religious or moral beliefs.” Many teens find religious and moral values a compelling source of strength in delaying sexual activity, which is an important reminder to parents that their influence and parental nurturing in these areas during childhood, and especially during the teen years, is tremendously important to the teen’s well-being and ability to restrain from sexual activity.

BLI’s graph of other CDC data depicts the downturn in teen sexual activity among three demographics (see Figure 1 below). The trend is especially dramatic among black teens — dropping from 81.4 percent in 1991 to 65.2 percent in 2008. Among Hispanics, the drop is relatively small but in the right direction — from 53.1 to 49.1. Among whites, the reversal of the trend is important because the number has stayed below 50 percent since the mid-90s and now is at 42.0 percent. The downward trends in the three population groups represent documented changes in teen behavior — even with a slight blip upward in the early 2000s, rates are still well below that of the early 1990s.



Figure 1. —Percent of High School Students Who Have Ever Had Sexual Intercourse: 1991-2009



Source: Centers for Disease Control and Prevention, Youth Risk Behaviors Surveillance: United States, 2009, MMWR, 59(SS05), June 4, 2010.

Second Significant Trend Among Teens Today

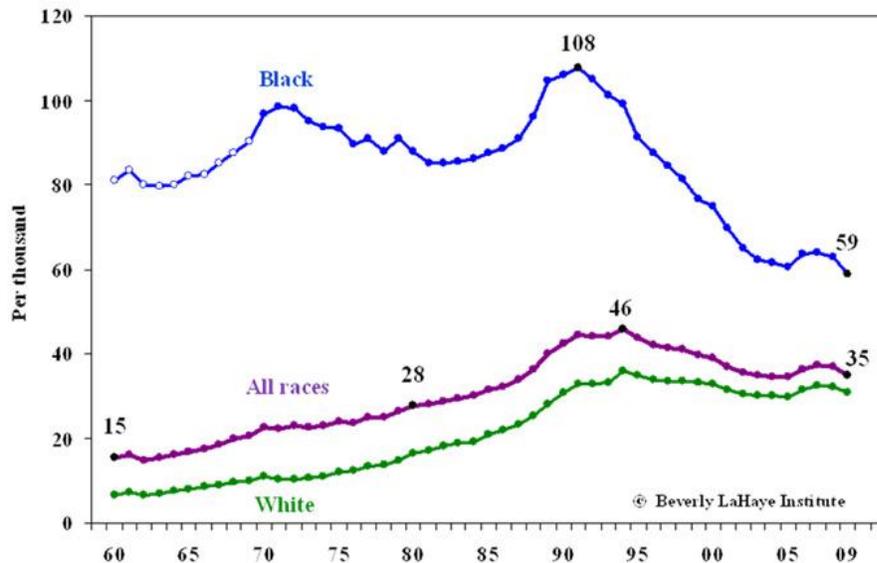
TEEN BIRTHRATES ARE DOWN

BLI's research indicates that between 1940 and 1954, the unwed birthrate for teens (15-19 years old) doubled; it doubled again by 1984, and increased another 50 percent before peaking in 1994. Since 1994, however — and in defiance of everyone's expectations — unwed teen birthrates steadily followed a downward trend until 2005. The National Vital Statistics Report reveals that (based on data for 2009) teen birthrates are down by 24 percent since 1994.

The unwed birthrate for younger teens (15-17) declined by 12 per thousand since 1994, while the rate for older teens (18-19) declined by 11 per thousand. The older teen drop is particularly significant, because from 1974-1994 their unwed birthrate paralleled the rate for unmarried women in their early 20s. After 1994, though, the older teen rate dropped, while that of the unmarried early 20s continued to climb (though at a slower rate than in the 1980s). It is worth repeating that this reversal of trend in the unwed teen birthrate stands in sharp contrast to the fact that the unwed birthrate for women in their 20s has continued to go up — for unmarried women 20-24, a 5 percent increase from 1994 to 2005 and among unmarried women 25-29, an astounding 25 percent increase!



Figure 2. —Unwed 15-19 Teen Birthrate: By Race
Per Thousand Unwed Teens Age 15-19



Source: National Center for Health Statistics, Births: Final Data for 2009, *National Vital Statistics Reports*, Vol. 60, No. 1, Nov 3, 2011; data for 1960-68 for Black teens are BLI estimates based on the rate for Non-White teens.

The drop in teen births is particularly encouraging in that it has occurred among both black and white teens and both younger and older teens, most especially among the younger 15-17 year-old teens who have not had a chance to complete their high school education.

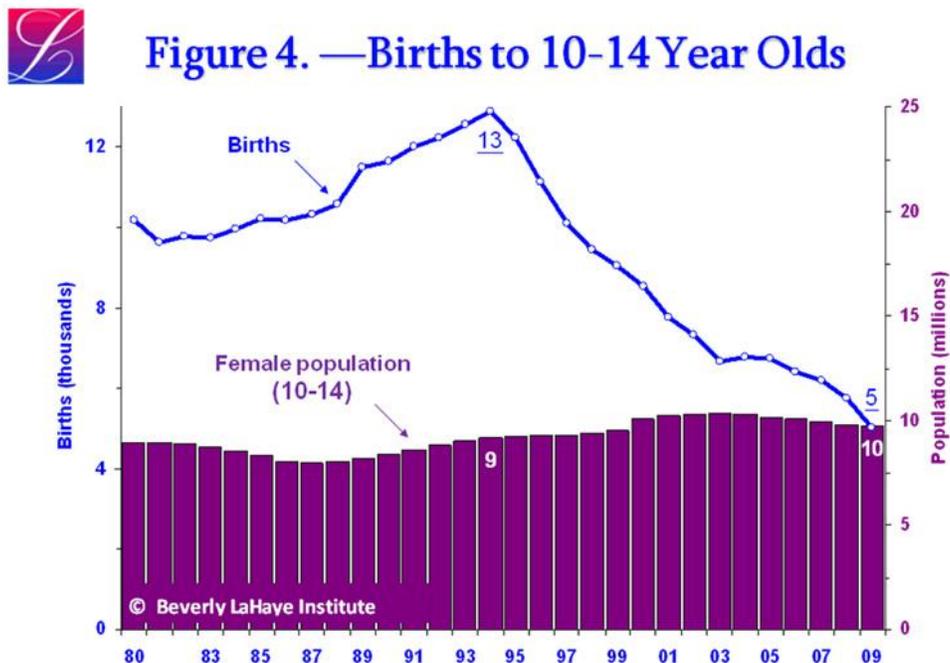
The rate for black teens peaked in 1991 (for 15-17 year olds: 80 per thousand in 1991 to 33 per thousand in 2009 and for 18-19 year olds a drop of nearly one-third: 149 per thousand in 1991 to

97 per thousand in 2009). The birth rate among unmarried black teens in both age groups was lower in 2004 than it has been in over four decades.

While birth rates among unmarried black teens remains high compared to rates for unmarried white teens, the gap between black and white teens narrowed considerably during the 1990s. For white teens the peak in unwed births was in 1994. In the post-WWII era, the birth rates among unmarried white teens in both age groups rose steadily until 1994 (from 3 per thousand to 24 among 15-17 year olds and from 8 per thousand to 56 among 18-19 year olds).

The effect of these declines in birthrates has been dramatic and is an under-reported success story about young African-American women; perhaps what has been happening among black teens can best be appreciated by translating it into the number of teen births averted. Total births to black teens declined from 136,000 in 1996 to 107,000 in 2005, a decrease of more than 21.5 percent. More than 90 percent of this decline was accounted for by the decrease in unwed teen births.

Perhaps the most impressive trend-revealing graph is the one showing dramatic declines in births to 10-14 year olds. How could anyone advocate sexual activity among pre- and early teens? The success story of abstinence programs among this age cohort is very much to be praised. Even though the number of females increased from 9 million to 10 million, the number of births during the same time period dropped a startling 8 thousand per year — from 13 thousand annual births down to five thousand births. Not to put too fine a point on it, this age group is highly unlikely to use contraception, so the decrease can only be attributed to the success of abstinence programs (and this is the age group targeted most by abstinence programs and also the group most receptive to abstinence messages).



Source: National Center for Health Statistics and Census Bureau.

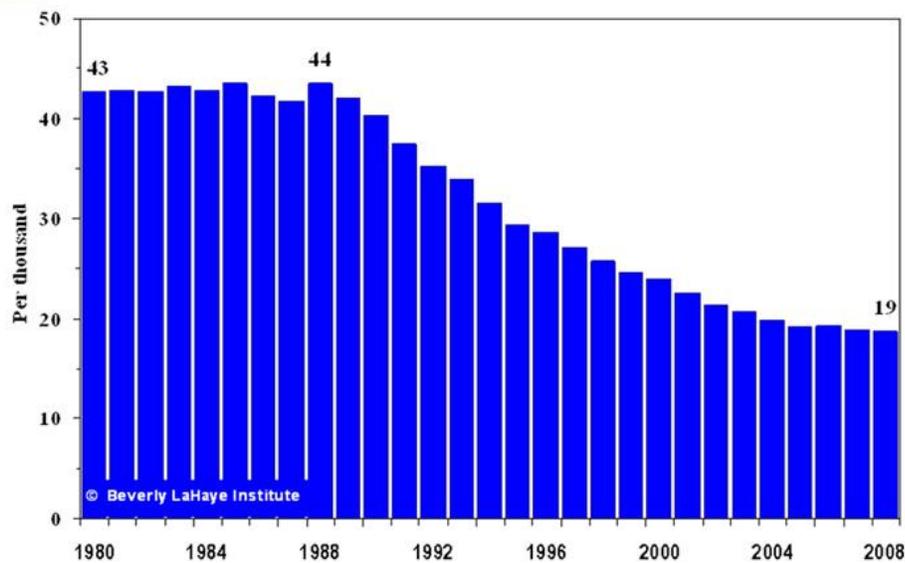
Third Significant Trend Among Teens Today

TEEN ABORTIONS ARE DOWN

The National Center for Health Statistics reports that the rate of teen abortions has been cut more than in half since 1988. At its peak, teen abortions were at 44 per 1,000. Now at a dramatic low, the number is less than 20 per 1,000. Obviously, we cannot credit today's declining teen birthrate to teens turning to abortion. Interestingly, as teens become more abstinent, there are fewer abortions, too. One has to ask if a greater appreciation for life is a byproduct of the self-discipline and self-esteem that is required for a teen to remain abstinent.



Figure 3. —Teen Abortion Rate: All Races
Per Thousand Teens Age 15-19



Source: National Center for Health Statistics, Births: Final Data for 2009, *National Vital Statistics Reports*, Vol. 60, No. 1, Nov 3, 2011; 2007 and 2008 rates estimated by BLI from CDC Abortion Surveillance survey data.

Conclusion:

Let's do the math. Three out of three's not bad — especially considering that liberal researchers can't seem to find any effect from abstinence programs. During the 30-year reign of condom-based sex education, teen *sexual activity* increased, teen *births* dramatically increased, and teen *abortions* were going up. What's different now? Have teens suddenly learned how to use condoms more effectively and consistently than adult women, who are using contraception but are frequently surprised nonetheless to “find themselves pregnant”?

The trend back to abstinence is good news, indeed, and certainly substantiates our claims that providing better information leads to better decision-making by adolescents and young adults. All these new, more positive trends indicate that teens are choosing a path that is proven to lead to a bright and promising future, both in their personal lives and in every other aspect of their well-being.

¹ John B. Jemmott III, Ph.D.; Loretta S. Jemmott, Ph.D., RN; Geoffrey T. Fong, Ph.D., “Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months: A Randomized Controlled Trial with Young Adolescents,” *Archives of Pediatric and Adolescent Medicine*, Vol 164: No. 2, February, 2010. pp. 152-159. <http://archpedi.ama-assn.org/cgi/content/short/164/2/152?home>

² Jennifer Marshall, “Empower Women: Teach Abstinence,” McClatchy-Tribune Wire Services, February 8, 2010, <http://www.heritage.org/research/commentary/2010/02/empower-women-teach-abstinence>

³ Christine Kim and Robert Rector, “Abstinence Education: Assessing the Evidence,” Backgrounder #2126, Heritage Foundation, April 22, 2008, <http://www.heritage.org/research/reports/2008/04/abstinence-education-assessing-the-evidence>.

⁴ Scott Thormaehlen, “Abstinence Education Adds Up,” *Accuracy in Academia*, March 1, 2012. <http://www.academia.org/abstinence-education-adds-up/>

⁵ Miriam Grossman, M.D., “You’re Teaching My Child What? The Truth About Sex Education,” Lecture #1161, Heritage Foundation, August 9, 2010. <http://www.heritage.org/research/lecture/youre-teaching-my-child-what-the-truth-about-sex-education>

⁶ Christine Dhanagom, “Brand new ‘guidelines’ pushing radical, explicit sex ed agenda on schools nationwide,” *LifesiteNews*, January 12, 2012.

<http://www.lifesitenews.com/news/brand-new-guidelines-pushing-radical-explicit-sex-ed-agenda-on-schools-nati>

⁷ *Ibid.*, Grossman, Heritage Lecture.

⁸ Mark Regnerus and Jeremy Uecker, *Premarital Sex in America: How Young American Meet, Mate, and Think About Marrying*, Oxford University Press, 2011, p. 22.

⁹ Bob Kellogg, “Should birth control get all the credit?” *OneNewsNow*, February 14, 2012. <http://www.onenewsnow.com/Culture/Default.aspx?id=1535168>

¹⁰ David Christensen, “Federal Abstinence and Sex-Ed Funding,” The Family Research Council, March 23, 2012

¹¹ In 2010, the funding disparity between condom-based sex education and abstinence programs was 1:16. Now, in 2012 it is 1:20. http://gallery.mailchimp.com/e71e76ba0a0760415775e4352/files/funding_comparison_Sheet2.pdf

¹² Rep. Dan Burton, “Sex Education in Schools,” July 31, 2007, <http://burton.house.gov/posts/Sex-education-in-schools>.

¹³ Christine Kim and Robert Rector, “Evidence on the Effectiveness of Abstinence Education — An Update,” Executive Summary #2372, The Heritage Foundation, February 10, 2010. <http://www.heritage.org/research/reports/2010/02/executive-summary-evidence-on-the-effectiveness-of-abstinence-education-an-update>

¹⁴ “Best Friends Results,” Best Friends Foundation, <http://www.bestfriendsfoundation.org/FoundResults.html>, based on research published by Robert Lerner, “Can Abstinence Work: An Analysis of the Best Friends Program,” *Adolescent and Family Health Journal*, Volume III, No. 4, 2005, <http://www.bestfriendsfoundation.org/images/LernerArticleAFLHJournal.pdf>

¹⁵ Under the Obama Administration, statisticians have adopted the use of sexually-transmitted infections (STIs) instead of sexually transmitted diseases (STDs). Representatives of Planned Parenthood and SEICUS told me (when I asked at a meeting) that “infections” is a term with less stigma than “disease,” because “anybody can get an infection, but a disease is more serious and carries a connotation of blame.”

¹⁶ Brenda Zurita, “Sexually Transmitted Diseases: The Cost of Free Love,” Concerned Women for America, July 2011, <http://www.cwfa.org/thecostoffreeLove.asp>.

¹⁷ U.S. Centers for Disease Control and Prevention, Male Latex Condoms and Sexually Transmitted Diseases webpage, “Condom Fact Sheet in Brief,” last updated April 11, 2011, <http://www.cdc.gov/condomeffectiveness/brief.html#Consistent>.

¹⁸ Now that the CDC no longer keeps track of marriage and divorce, they have the funds and the statistician’s time to compile a lengthy and thorough report on oral sex, anal sex, same-sex contact and the correlations between sexual attraction and sexual behavior — including among those only 15 years old.

¹⁹ Anjani Chandra, Ph.D., William D. Mosher, Ph.D., Casey Copen, Ph.D., “Sexual Behavior, Sexual Attraction, and Sexual Identity in the United States: Data from the 2006-2008 National Survey of Family Growth,” National Health Statistics Reports (NHSR), Number 36, March 3, 2011, <http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf>.

²⁰ While the focus of the NHS report ostensibly is on STIs, there was another very obvious agenda in the report. Clearly, the intent of this report is to establish benchmarks for same-sex attraction, identification, behavior, and activity, rather than to merely report on sexually-transmitted diseases. There are 10 graphs of same-sex attraction, sexual identity, sexual behavior, and sexual activity. All this attention produced evidence that 86 percent of HIV cases are acquired through sexual behavior (others acquire HIV through transmission from an infected spouse or partner, or from a pregnant mother to her baby) and that *the cost of the 50,000 new cases each year is approximately \$20,000 per person* (emphasis mine). The study noted that, in addition to terms such as “heterosexual” and “homosexual,” they used the terms, “straight,” “gay” and “lesbian” so that teen respondents could easily “recognize” the meaning.

²¹ Ellen Johnson Silver and Laurie J. Bauman, “The Association of Sexual Experience with Attitudes, Beliefs, and Risk Behaviors of Inner-City Adolescents, Albert Einstein College of Medicine, JOURNAL OF RESEARCH ON ADOLESCENCE, 16(1), 2006, 29–45. <http://wg.thesociety.org/pdf/Sex%20Exp%20and%20Risk%20of%20Inner%20City%20March%202006.pdf>

²² Christine Kim and Robert Rector, Abstinence Education Update.

²³ “New CDC Sex Report for Ages 15-24,” Best Friends Foundation, March 2011. <http://www.bestfriendsfoundation.org/images/nhsr036.pdf>

²⁴ Edward J. Sondik, Ph.D., Jennifer H. Madans, Ph.D., Charles J. Rothwell, M.S., “Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2006-2010 National Survey of Family Growth,” Data from the National Survey

of Family Growth, Vital and Health Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention, Series 23, Number 31, October, 2011. http://www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf

²⁵ Sara Lenz, "Teen sex: Number of teens having intercourse is down nationally," *Deseret News*, April 10, 2011, <http://www.deseretnews.com/article/700126182/Teen-sex-Number-of-teens-having-intercourse-is-down-nationally.html>