Department for Education

Review of Personal Social, Health and Economics (PSHE) Education

Response by:

Christian Concern

The Christian Legal Centre

Questionnaire:

Department for Education: Review of Personal Social, Health and Economics (PSHE) Education

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About Us

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Question 1:

What do you consider the core outcomes PSHE should achieve and what areas of basic core knowledge and awareness should pupils be expected to acquire at school through PSHE education?

We answer this question primarily in reference to Sex and Relationships Education (SRE), which forms a core part of PSHE.

Core Outcome

In a highly sexualised and sexually liberal society, with high levels of teenage STIs and unwanted pregnancies and with the additional dynamic of peer pressure at school, children today urgently need to be helped to make the right choices, for the sake of their physical and mental health and their future well-being.

As a primary objective, we propose that SRE should aim to provide young people with both accurate information about the genuine risks of sexual practices, as well as clear moral direction, so that they are protected and equipped to make the right decisions. Where sexual activity is harmful or inappropriate, children and young people need to be empowered to say "no".

Teenage pregnancy and STI rates

Research shows that, despite an increase in the provision of sex education in schools over the past decade, Britain currently has the second highest number of teenage pregnancies in Western Europe[1] and increasing rates of sexually transmitted infections (STIs).[2]

Proponents of sex education have argued that this means that more sex education is therefore needed, and that SRE should be compulsory in schools. Yet studies conducted on the effectiveness of comprehensive SRE have repeatedly shown that such programmes have no impact whatsoever in reducing rates of teen pregnancies.[3]

The British Medical Journal concluded in a study that knowledge about the availability of contraception has little effect in helping to reduce teenage pregnancy rates, since "*teenagers who become pregnant have higher consultation rates than their ages peers, and most of the difference is owing to consultations on contraception"*.[4] The study showed that 93% of teenagers who became pregnant had seen a medical professional prior to the pregnancy, of which 71% had discussed contraception actively.

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[1] The Daily Mail, "Teen pregnancy soars", Isabel Oakeshott, 9 November 2011: http://www.dailymail.co.uk/health/article-299691/Teen-pregnancy-soars.html

[2] See Question 2 Point 5

[3] Wilkinson P., R. French, R. Kane, K. Lachowycz, J. Stephenson, C. Grundy et al (2006), "Teenage conceptions, abortions and births in England: 1994-2003, and the national teenage pregnancy strategy" Lancet, 368 (Nov): 1879-86
And: "Are Better Sex Lessons the Key"; Gary Eason, 23rd October 2008;
http://news.bbc.co.uk/1/hi/education/7687450.stm

[4] D, Churchill, J Allen, M Pringle, "Consultation patters and provisions for contraception in general practice before teenage pregnancy BMJ 2000 321: 486-489

Sex and Relationships Education

The figures suggest that current sex education in the UK has not only failed to curb rising trends in teenage pregnancies and STIs, but may have worsened the situation further by actively promoting sex as a harmless recreational activity which young people are entitled to, without reference to any moral framework or accurate factual information relating to the risks of sexual experimentation.

SRE courses make the following assumptions across the board:

- Children and young people are incapable of delaying sexual activity;
- Sexual experimentation, including sex with multiple partners, is 'safe' as long as contraception is used;
- Young people are 'entitled' to sexual experiences - including those who are below the legal age of consent of 16; and
- Sex before marriage is acceptable, and is to be openly encouraged.

The first and second of these assumptions are factually incorrect. The third and fourth appear to be informed by current social attitudes rather than a desire to promote the health and well-being of children.

Sex as a recreational activity

SRE actively encourages sexual experimentation amongst young people and children. The overarching message is that there is no 'right and wrong', or any form of objective morality, but rather that any sexual lifestyle is acceptable if an individual decides that it is right for *them.*[5]

These assumptions are evident throughout numerous SRE programmes currently in operation, including those advocated by organisations such as *Brooks* and the *Family Planning Association*, both of which are represented on the government's independent advisory groups on sexual health and teenage pregnancy.

Brook's website, which is accessible to all-age groups, begins by advising young people that:

"Having sex should be fun! Whether it's your first time, or your hundred-and-first, sex should be something that you enjoy and can have safely.

"If you are thinking about having sex, then it is important that you are ready, can enjoy it, and can take responsibility for it. It is also important to make sure that you get contraceptive advice to protect yourself from unplanned pregnancy and sexually transmitted infections".[6]

Such an approach implies that sex is a recreational activity and a harmless *right*. The outcome for young people who receive SRE is that it is likely to encourage promiscuity and sexual experimentation.

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[5] This approach to SRE is evident throughout the Department of Health guidance on sex and relationships education which refers to the need for schools to "provide young people with information about different types of contraception" and to equip pupils with the requisite skills to "negotiate safer sex", "judge what kind of relationship they want," and "avoid being pressured into unwanted or unprotected sex."

[6] See: http://www.brook.org.uk/sex-and-relationships/sex

The Reality of 'Safe Sex'

The guidance above is also representative of SRE programmes in that it implies that the risks of unplanned pregnancies and STI's can be easily avoided with contraception. However, this is simply a falsehood, and cannot be supported by reference to any evidence despite forming the entire basis of SRE teaching in the UK.

The evidence is clear that a promiscuous lifestyle carries an increased risk of pregnancy and disease even with the use of contraception,[7] and that there is a significant link between premature sexual activity and mental health disorders in young women.[8] Failing to share such accurate information clearly puts children in danger.

Even 'perfect condom use' only reduces the risk of contracting potentially serious conditions such as herpes by 25-50%, gonorrhoea by 62%, HIV by 80% and Chlamydia by 26%.[9] Yet studies have shown that perfect condom use is only rarely the norm. 'Typical Use' of condoms provides little protection against such infections, and only reduces the risk of pregnancy by 80%.[10]

These facts are not being given to young people in SRE, preventing them from making informed choices about their sexual behaviour, and putting their health at risk.

Emotional Consequences

In SRE, nothing is taught on the long-term emotional turmoil caused by sexual relationships at any early age. Studies have proved that girls who become sexually active in their teens are substantially more likely to suffer depression, consider or attempt suicide and express regret over their sexual choices later in life.[11]

The negative impact of premature sex on mental health is also well-established as common knowledge amongst medical professionals. In her book; *Epidemic: How Teen Sex Is Killing Our Kids*, Dr Meg Meeker writes:

"Teenage sexual activity routinely leads to emotional turmoil and psychological distress…. [Sexual permissiveness leads] to empty relationships, to feelings of self-contempt and worthlessness. All, of course, precursors to depression."[12]

In addition, there is no substantial discussion of the fact that teenage pregnancies are undesirable because they lead to low academic achievement, reduced career prospects, poverty and a long-term, unhealthy dependence on the state for financial provision.

Marriage based approach

SRE programmes often portray cohabitation as an equivalent form of relationship to marriage.

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[7] See Question 2 Point 4
[8] See Question 2 Point 3
[9] See Question 2 Point 4
[10] See Question 2 Point 4
[11] See Question 2 Point 3
[12] Dr Meg Meeker, *Epidemic: How Teen Sex Is Killing Our Kids*, Lifeline Press*, 2002* p. 64.

Yet relationships outside of wedlock, such as cohabitation, should not and cannot be compared to marriage. Marriage is a unique institution which offers the best hope for relational stability and the best conditions for the raising of children.

The British Household Panel Survey has found that the average length of cohabitation is just over three years, leading to the conclusion that:

"*Compared to marriage, cohabitation is a significantly more fragile and temporary form of family. Cohabitations are generally brief [and] a less stable form of relationship."*[13]

The widespread lack of stability in cohabiting couples also has profound consequences for children, with evidence demonstrating that a baby who is born to cohabiting parents is now ten times more likely to see its parents separate by the age 16th birthday than those born to married parents.[14]

Multiple cohabitations are also more likely to lead to a divorce in a subsequent marriage,[15] with prior cohabitation increasing the risk of divorce by an overwhelming 67%.[16] The negative effects of divorce and separation on children are already well established.

Age Appropriate SRE

In addition, SRE programmes have, in some instances, been found to show highly inappropriate teachings on the mechanics of sexual intercourse to small children and expose them to explicit sexual material.[17]

This is a highly inappropriate approach to SRE since it leads to the premature sexualisation of children, destroys the irreplaceable innocence of their childhood and facilitates the development of a casual attitude towards sex which could become destructive to their emotional and physical well-being in later life.

Homosexuality

The Department of Health guidelines refer to the need for children to "understand differences", which is frequently interpreted in SRE to mean that the practice of homosexuality should be promoted as a normal, natural and even beneficial lifestyle.

We propose that this is inappropriate, as it is inconsistent with the values and ethos of many parents, particularly those with Christian beliefs on marriage and sexual ethics. The European Convention on Human Rights[18] explicitly guarantees the right of parents to ensure that "education

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[13] Dr John Hayward & Dr Guy Brandon *"Cohabitation in the 21st Century"* Jubilee Centre (2010) pg 1
[14] See: Dr John Hayward & Dr Guy Brandon *"Cohabitation in the 21st Century"* Jubilee Centre (2010) pg 1
[15] E.g. Daniel T. Lichter and Zhenchao Qian*, Serial Cohabitation: Implications for marriage, Divorce and Public Policy,* Cornell University, 2007. See http://www.pstc.brown.edu/nmu/Brown%20paper_DLichter.pdf.
[16]See: Dr John Hayward & Dr Guy Brandon *"Cohabitation in the 21st Century"* Jubilee Centre (2010) pg 1
[17]See Christian Institute publication "Too Much, Too Young": http://www.christian.org.uk/wp-content/downloads/toomuchtooyoung_lordsed_sept11_web.pdf and; see Daily Mail: "*Parent's anger after class of seven-year olds is shown graphic sex cartoon at school*", 4th March 2010, Daily Mail: http://www.dailymail.co.uk/news/article-1255483/Parents-anger-class-seven-year-olds-shown-graphic-sex-cartoon-school.html and;
"Sex education booklet aimed at six year olds sparks row", 18th September 2008: http://www.telegraph.co.uk/news/uknews/2980627/Sex-education-booklet-aimed-at-six-year-oldssparks-row.html
[18] Protocol 1 of Article 2

and teaching [is] in conformity with their own religious and philosophical convictions". Schools therefore should be sensitive to the wishes of parents and respect the right of parents to educate their children in accordance with their values and beliefs.

Our Proposals: Basic core knowledge

As part of SRE teachings, we would therefore advocate that young people become fully and accurately informed about:

1. The benefits and importance of marriage;
2. The benefits of abstinence before marriage, which is the only 'safe sex' possible;
3. The mental and physical risks of premature sex and sex with multiple partners; and
4. The regular failings and lack of total protection provided by contraception.

This will result in young people being able to make more fully informed decisions, and subsequently to a reduction in unwanted teenage pregnancies and STIs.

Abstinence based approaches

These core outcomes cannot be achieved unless sex educators actively promote the notion of abstinence before marriage as the only healthy and responsible alternative to sex with multiple partners. There are recent studies indicating that such an approach has a positive effect in lowering teenage pregnancies and STI rates.[19]

As part of an abstinence-based approach we would suggest that the following is emphasised in SRE:

- Sex under the age of 16 is illegal;
- Sexual activity at too young an age can lead to psychological trauma;
- Sexual relations with multiple partners will always carry a significant risk of STI's and unwanted pregnancies, *with or without the use of contraception*;
- Abstinence until marriage provides the only opportunity for genuinely "safe sex"; that which is between two adults who have kept themselves for marriage; and
- Marriage provides the most stable form of relationship and also the best context within which to raise children. Sexual activity should therefore be delayed until young men and women are able to offer the best home for a child and shoulder the responsibilities which accompany parenthood.

This approach would fit more accurately with the priorities of young people. Evidence suggests that current SRE programmes, which focus on the provision of contraception, are inconsistent with the priorities of young people, who would prefer to receive more teaching on the importance of marriage, positive parenting and family life.[20]

Other PSHE Topics

As well as SRE, PSHE also covers drugs, alcohol and tobacco, as well as emotional health and well-being, nutrition, physical activity and safety.

[19] See Question 2 Point 1
[20] See Question 2 Point 2

We propose that in all of these topics, especially when covering drugs, alcohol and tobacco, children should be taught clear factual information enabling them to make the right choices, and to say 'no' where appropriate. Teachers should not be afraid to give clear moral boundaries.

Ultimate responsibility for educating children lies with their parents, and this should be remembered at all times. Parents should be consulted on PSHE topics and their convictions respected in the teaching of PSHE.

Question 2:

Have you got any evidence that demonstrates why a) existing elements and b) new elements should be part of the PSHE education curriculum?

The following evidence is given as support to our answers in Question 1.

Point 1

Evidence that abstinence based approaches lower teenage pregnancies and STI rates

Evidence shows that abstinence based approaches to sex education have a positive effect in lowering teenage pregnancies and STI rates. A recent study published in the *Archives of Paediatrics and Adolescent Medicine* found that children who are exposed to SRE programmes balanced in favour of abstinence are more likely to delay sexual activity than those who receive contraceptive based teachings similar to that found in the UK.[21]

The study, which placed students aged 11-13 into three teaching groups; abstinence-only intervention, safe-sex-only intervention, and combined abstinence and 'safer-sex' intervention, reported that:

- There was a 33 per cent reduction in self-reported sexual intercourse from the abstinence-only group, compared to the control group, by the end of the study;
- Of the students who reported that they were sexually active during the study, there were fewer reports of recurrent sexual activity from the abstinence-only intervention participants (20.6 per cent) compared to the control participants (29.0 per cent); and
- Participants in the abstinence-only intervention had reduced reports of multiple sexual partners compared with the control group (8.8 per cent against 14.1 per cent).

Two years later, one-third of the abstinence-only group reported having sexual intercourse, compared to one-half of the control group. The study concluded that; *"Abstinence-only interventions may have an important role in delaying sexual activity until a time later in life when the adolescent is more prepared to handle the consequences of sex".*

Point 2

Evidence that SRE does not deliver the information that young people want to hear

[21] "Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months: A Randomized Controlled Trial With Young Adolescents" John B. Jemmott III, PhD; Loretta S. Jemmott, PhD, RN; Geoffrey T. Fong, PhD, Arch Pediatr Adolesc Med. 2010;164(2):152-159. See:http://archpedi.ama-assn.org/cgi/content/short/164/2/152?home

Evidence suggests that the current emphasis in schools on the mechanics of sexual intercourse, including how to use a condom, does not match the priorities of young people. A survey conducted by University of Hull experts on health and social care found that teenagers would rather be taught about family values and parental responsibilities than about the mechanics of sexual intercourse and contraception.[22] Of the 13-16's years olds interviewed for the survey:

- Half of the girls said they would prefer sex education to focus on the consequences of pregnancy, not the mechanics and biology of sex;
- Three out of five girls and almost half of boys said they would only have sex in a long term and serious relationship;
- Three quarters of boys and girls agreed "you don't have to have sex to keep a partner" and that a relationship does not have to include sex to be successful; and
- More than two-thirds of boys and girls said "first sex should be both special and planned".

The survey found that teenagers also see the responsibilities of being a parent as the number one "fact of life", and take this as a teaching priority ahead of sexual intercourse, contraception and STI's. A majority wanted to see teachings that would demonstrate "what being a parent was all about" and admitted that this was the most important issue for them.

Point 3

Evidence suggesting that a promiscuous lifestyle can cause psychological trauma

SRE as taught in the UK encourages sexual experimentation and presents sex as a 'right'. Yet it completely omits the link between psychological trauma and a promiscuous lifestyle, which is supported by an overwhelming body of research.

The National Longitudinal Survey of Adolescent Health, Wave II, 1996, a major study designed to identify the behaviour patterns of sexually active teenagers, found a significant difference between the overall happiness and emotional well-being of sexually active 14-17s years olds with those who were not.[23] The study reported that:

"A full quarter (25.3 percent) of teenage girls who are sexually active report that they are depressed all, most, or a lot of the time. By contrast, only 7.7 percent of teenage girls who are not sexually active report that they are depressed all, most, or a lot of the time. ***Thus, sexually active girls are more than three times more likely to be depressed than are girls who are not sexually active."***

"Some 8.3 percent of teenage boys who are sexually active report that they are depressed all, most, or a lot of the time. By contrast, only 3.4 percent of teenage boys who are not sexually active are depressed all, most, or a lot of the time. ***Thus, boys who are sexually active are more than twice as likely to be depressed as are those who are not sexually active."***

Sexually active teenagers were found to be at a greater risk of considering or attempting suicide:[24]

[22] See: http://www2.hull.ac.uk/fhsc/pdf/TSH%20Public%20electronic%20FINAL.pdf

[23] See: http://www.heritage.org/research/reports/2003/06/sexually-active-teenagers-are-more-likely-to-be-depressed#_ftn5

[24] The link between attempted suicide and promiscuity is also supported by: Denise D. Hallfors, "Adolescent Depression and Suicide Risk: Association with Sex and Drug Behavior," American Journal of Preventive Medicine 27, No. 3 (2004): 224-

"A full 14.3 percent of girls who are sexually active report having attempted suicide. By contrast, only 5.1 percent of sexually inactive girls have attempted suicide. ***Thus, sexually active girls are nearly three times more likely to attempt suicide than girls who are not sexually active."***

"Among boys, 6.0 percent of those who are sexually active have attempted suicide. By contrast, only 0.7 percent of boys who are not sexually active have attempted suicide. ***Thus, sexually active teenage boys are eight times more likely to attempt suicide than are boys who are not sexually active."***

The survey reached the following conclusions:

"When compared to teens who are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed."

"When compared to teens who are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide."

Feelings of regret are also known to be commonly reported, particularly among young women. A poll by the National Campaign to Prevent Teen Pregnancy found that almost two thirds admitted to wishing they had delayed sexual activity.

Point 4

Evidence that contraception provides very limited protection (despite its promotion in all SRE curriculums)

Contraception does not offer 98% protection against the risk of disease and pregnancy as many sex educators widely claim or insinuate:

- The 98% figure only refers to the risk of pregnancy – not infection. Furthermore, it only applies to circumstances where condom use is "perfect". "Typical Use" is more common amongst young people, where condoms are worn correctly most of the time but are occasionally used incorrectly. In such cases, the risk of pregnancy is reduced by only 80%;
- Even perfect condom use only reduces the risk of herpes by 25-50%, chlamydia by 26%, gonorrhoea by 62% and HIV by 80%. By default, the protection offered by typical use will be significantly lower;
- Condoms have close to 0% effectiveness in preventing the transmission of Human Papilloma Virus; and
- Young girl's have an underdeveloped structure, which means that their immature cervix increases their vulnerability to genital infections.[25]

Point 5

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[25] Dr Miriam Grossman. M.D *"You're Teaching My Child What?"* Regnery Publishing, 2009. See also: http://www.miriamgrossmanmd.com/

Evidence of increase in STI's

A sharp increase of 58% in the number of STI's in under 16's was reported between the years 2003 and 2007, with cases of Chlamydia, a major cause of infertility in young women, rising by 90%.[26] Almost half a million new cases of STI's were reported in 2009; the figure represents a 3% increase from the year before, with young people again being found to be the worst affected.[27]

More recently, figures released in August 2011 by a selection of NHC foundation trusts have shown that almost 1,000 under-16s in their care have been diagnosed with venereal diseases such as herpes, chlamydia and gonorrhoea in the past three years. It was revealed that a boy as young as 11 needed hospital treatment after developing chlamydia, a boy of 12 was treated for genital warts and herpes and a 12 year old girl was treated for herpes.

Question 3:

Which elements of PSHE education, if any, should be made statutory (in addition to sex education) within the basic curriculum?

SRE should remain non-statutory, and should in any event not be extended to children below the age of 11.

Parents and guardians have the primary responsibility for raising children and are best placed to teach young people about the importance of healthy and lasting relationships - including the proper role of sex within marriage. The European Convention on Human Rights explicitly guarantees the right of parents to ensure that "education and teaching [is] in conformity with their own religious and philosophical convictions".

If SRE was made statutory then this would centralise responsibilities which are best fulfilled by parents, and transfer, into the hands of government ministers, unqualified power over the content of SRE programmes, thus undermining the influence of parents over the provision of this highly sensitive subject.

Making SRE statutory would be an unfair encroachment on the authority of parents and would amount to a serious failure by the State to uphold and respect the rights of parents to raise their children in accordance with their values and beliefs. The opinions and wishes of parents should be central to the formulation of any sex education programme and, as such, we propose that the current flexibility should be maintained so as to permit an active engagement of parents in the development of sex education policies in conjunction with schools to the extent that this is possible.

The current approach to SRE fails to place sex education within a clear moral framework and is highly objectionable to many parents; much outrage has already been expressed over the explicit

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[26] See, The Guardian, *"Sexually transmitted infections in under 16s rise by 58%", 19th May 2009:* http://www.guardian.co.uk/society/2009/may/19/sexual-health-youngpeople

[27] See the Health Protection Agency Report: http://www.hpa.org.uk/hpr/archives/2010/hpr3410.pdf and BBC News Health, "Sexually transmitted infections near 0.5m a year in UK" Jane Dreaper, BBC News, 25 August 2010: http://www.bbc.co.uk/news/health-11072853

content of SRE programmes aimed at children as young as six.[28] Parents must always retain the right to opt-out of sex education as provided by the 1996 Education Act.

Schools must be able to teach SRE in accordance with their ethos. Faith schools should not, in any event, be placed under pressure to cover topics such as abortion and homosexuality, or to promote cohabitation as an equivalent to marriage. Individual schools must retain the flexibility to develop their own SRE policy in consultation with parents and governors so as to uphold their right to freedom of conscience specifically guaranteed by Article 9 of the European Convention on Human Rights.

Question 4: Are the national, non-statutory frameworks and programmes of study an effective way of defining content?

There needs to be more parental input (see below).

Question 5: How can schools better decide for themselves what more pupils need to know, in consultation with parents and others locally?

Please see our answer to Question 1 for our proposals regarding the content of sex education.

Schools should shape the content of their SRE programme in conjunction with parents and governors. Since parents are primarily responsible for their children's education, schools should be placed under a positive obligation to actively consider the wishes of parents when developing their SRE policy, and develop a teaching programme which is sensitive to their values. We propose that such involvement should be actively facilitated by the government, and that provision should be made for greater accountability to parents with regards to the content of sex education delivered in schools.

Question 6:

How do you think the statutory guidance on sex and relationships education could be simplified, especially in relation to a) strengthening the priority given to teaching about relationships, b) the importance of positive parenting and c) teaching young people about sexual consent?

To answer each part of the question in order:

a) Please see our answer to Question 1.

b) The Department of Health guidance should emphasise parental involvement regarding teaching children about sex and relationships. It should also provide schools with clear direction on how they might be expected to engage parents actively in the formation of their SRE policy and be accountable to parents for the content of such programmes.

[28] See http://www.timesonline.co.uk/tol/life_and_style/education/article4776329.ece and http://www.telegraph.co.uk/news/uknews/2980627/Sex-education-booklet-aimed-at-six-year-oldssparks-row.html

c) The current emphasis placed by sex educators on the need for consent, but without mention of any wider moral framework, sends the profoundly misleading message that teenage sexual activity is valid on the sole condition that it is voluntarily and free from coercion.

It is vital for the statutory guidance to provide young people with clear and honest advice on the long-term emotional and physical damage caused by a promiscuous lifestyle, including accurate and comprehensive statistical evidence on the effectiveness of contraception in preventing disease and pregnancy. The guidance should explicitly acknowledge abstinence before marriage as the most healthy and responsible lifestyle choice, and make provision for schools to help young people to resist all pressures to be sexually active. Anything other than this would appear to be putting ideology and political correctness above the welfare of young people.