

# Briefing on Chris Bryant's ten-minute rule bill on sex and relationships education

SPUC, August-Sept 2010

## Contents

	Page
Summary	1
About the Chris Bryant proposal	2
Arguments about SRE	3
Research relating to sex education	5

## **Summary**

The sex education agenda

- Anti-life MP Chris Bryant\* will seek to introduce a bill to make sex education compulsory on 8 September 2010;
- Compulsory school-based sex and relationships education (SRE) is one of the main political objectives of the pro-abortion lobby;
- The pro-abortion lobby is seeking to make schools the primary channel for young people to access reproductive health services;
- The pro-abortion lobby has strong support from its allies in family-planning, youth counselling and homosexual organisations;
- Compulsory SRE is designed to promote access to abortion services;
- SRE has become a route to abortion and other sexual health services for children without parental consent.

In response, pro-life supporters need to -

- Alert MPs urgently to the Bryant bill and urge them to oppose it;
- Resist compulsory SRE and other anti-life initiatives directed at schoolchildren;
- Alert parents, teachers, political and church leaders to the threat;
- Promote individual school policies on SRE that uphold the right to life and parental oversight.

---

\* Since Mr Bryant was elected in 2001 there have been 27 key votes on pro-life/anti-life issues. Mr Bryant voted with the anti-life lobby 25 times, and did not vote on the 2 other occasions.

## ***About the Chris Bryant Proposal***

### **What does Mr Bryant's bill say?**

The bill has not been published (this is normal for ten-minute rule bills) but the order paper describes the intention thus:

"to require schools to provide sex and relationships education to registered pupils; and for connected purposes"

In other words, it aims to force schools to teach sex and relationships education. (An attempt earlier this year, prior to the election, to make SRE compulsory failed through lack of time and strong opposition, especially in the House of Lords.)

### **What are the main arguments for compulsory SRE?**

The arguments that have been put forward for compulsory SRE in the recent past include: the high rate of teenage pregnancy, the alarming spread of sexual infections among young people, criticism of existing sex education provision, alleged sexual ignorance among teenagers, and other reasons.

### **What are the main objections to the proposal?**

School-based sex education has always been controversial, because of its tendency to side-line parents and to present indecent material in the classroom. However, concern has grown in recent years for further reasons:

- Sex education has become a key channel for advertising anti-life services, including abortion referral agencies;
- Schools have become a route for delivering and/or arranging health interventions – including the morning-after pill and surgical abortions;
- Medical confidentiality rules now mean that teachers and school nurses are generally forbidden from telling parents when sexual health services, including abortion, are provided to their children – including those under sixteen.

(Fuller details are given in SPUC's report *Sexual Health in Schools 2009*, available from SPUC HQ.)

Thus abortion providers aim to make school-based sex education compulsory for everyone.

### **Is Mr Bryant's bill likely to become law?**

No. Ten-minute rule bills as such rarely become law. However, there is likely to be a division on the proposal on 8 September, so it is important that pro-life MPs attend and vote against the bill. The coalition government could legislate on SRE later this year through the forthcoming curriculum review, and there is a danger of compulsory SRE gaining more momentum through Mr Bryant's bill. There is no doubt that the pro-abortion lobby will continue to campaign for this in future.

This makes it important to encourage maximum opposition to the Bryant bill at this time.

## **Arguments about sex and relationships education**

### **What is the basis for saying that SRE is designed to promote sexual health services?**

A raft of interventions are being used in schools to promote links between SRE and sexual health services, including abortion. For instance, if schools fail to comply with SRE requirements they could lose their “healthy school” status<sup>1</sup> or their Ofsted<sup>2</sup> rating. Other such interventions include:

- School-based drop-in clinics;
- Local Teenage Pregnancy Co-ordinators in each education authority;
- School nurses offering ‘confidential’ advice to children;
- Leaflets, posters, websites “signposting” sexual health services;
- Connexions personal advisers offering to discuss their relationships, sexuality, etc., with teenagers.

These initiatives are all universal or very widespread. In addition some schools use pupil questionnaires, pupil visits to STD clinics and other activities to link SRE with abortion and sexual health services. External bodies promoting these initiatives in schools include:

- Primary Care Trusts;
- Local Education Authorities (LEAs);
- LEA-based Teenage Pregnancy Co-ordinators.

#### **A note about the term “sex and relationships education” (SRE)**

This phrase was introduced to replace “sex education”.

- It suggests, misleadingly, that only innocuous ‘relationship’ issues will be emphasised – such as parent-child relationships and the importance of stable, supportive families.
- In fact, it extends the scope of sex education beyond marital sex, particularly to include other relationships, e.g. same-sex relationships and civil partnerships.

### **Does SRE help to reduce pregnancy and abortion rates?**

Leading pro-abortion campaigner Ann Furedi of the British Pregnancy Advisory Service has spoken frankly about the impact of sex education. She said:

“There have been a large number of studies about the impact of sex education on abortion rates and pregnancy rates, and these frequently tend to show that they are not having the kind of impact that family planning specialists want. They mainly make us feel good that we’re educating people more thoroughly, but they do not seem to have much impact on the abortion rate.”

Furedi A, *Why rising abortion rates are not a problem*, Spiked, 31 March 2008

On pages 5-6 we look in more detail at some of the research.

<sup>1</sup> *National Healthy Schools Status*, Department of Health, 2005, page 6:

“To become a Healthy School, ... [s]chools must demonstrate they have met the criteria in each of the following:

1. Personal, social and health education, including sex and relationship education...”

<sup>2</sup> Ofsted – The Office for Standards in Education: the body responsible for inspecting schools and upholding educational standards nationally.

### **What does classroom sex education entail?**

This is one teenagers' account:

'I have had to attend four talks in the past nine months from a woman from a family planning clinic.

'I have been taught three times how to put on a condom; how easily pupils can acquire condoms free at a clinic; how to recognise sexually transmitted diseases and have them treated confidentially at a clinic; and that we do not need to tell our parents, GP, the police or anyone else in authority about being provided with contraception, or even having an abortion.

'There was not one mention of abstaining or any discouragement of sex.'

Josie Parkinson, Daily Mail, 27 Oct 2006 (cited in Wells N, *Too Much, Too Soon*, Family Education Trust, 2009)

### **Does sex education increase the number of young people who become sexually active?**

SRE proponents frequently deny that sex education encourages or increases sexual activity, but to support this, they usually refer to studies which look at programmes promoting abstinence. Clearly, SRE is not the main incentive for young people to become sexually active (hormones, pornography, role models and the media are all factors). But classroom SRE can affect moral and social attitudes. Particular SRE programmes may break down pupils' intentions to restrain sexual impulses. On the other hand, some programmes may reinforce those intentions.

From a pro-life perspective, the critical question is whether the aims and effects of classroom-based SRE include promoting access to abortion.

### **Is the health/education establishment in the UK opposed to abstinence (or chastity) education?**

Yes. An illustration of the bias against promoting abstinence may be seen in the following example. During a research study into a sex education programme, researchers from the National Foundation for Educational Research interviewed representatives of several national bodies, including the health and education departments, Ofsted, the FPA and others. The researchers reported that two representatives of such national bodies "expressed concern that the programme might be advocating abstinence", and one representative said that if the programme was "encouraging abstinence then it was not successfully meeting the aims of the [Teenage Pregnancy] Strategy."<sup>3</sup>

---

<sup>3</sup> *Evaluation of the APAUSE SRE programme*, Blenkinsop, S., and others, National Foundation for Educational Research, 2004. §2.4, p.12, §2.5, p.15

## ***Research relating to sex education***

### **Does evidence show that telling teenagers not to have sex is a waste of time?**

No. Although the education department (the then DCSF) said there was no evidence that abstinence-focused education had a positive impact, the source they cited referred to an American study<sup>4</sup> which found that an “abstinence-only” programme led to a reduction of about one third in the number of youngsters starting to have sex, compared to those who had received sex education promoting contraception. In short, the statements of our UK government officials on this are not to be trusted.

SPUC has not examined this particular abstinence programme, so we cannot comment on it in detail, but our concern is that politicians are being misled to promote pro-abortion programmes.

### **What is the evidence about UK sex education programmes?**

Advocates of sex education often blame the poor outcomes of current sex education on inconsistent teaching, claiming that it does not have sufficient status as a subject, or that it doesn't link information to local sexual health services.

Three major SRE programmes that have sought to address at least some of these issues have been studied in the UK in the past 10 years: APAUSE, RIPPLE and SHARE.

#### ***APAUSE***

The APAUSE programme (mentioned above) was studied by Blenkinsop and colleagues<sup>5</sup>. This was not a very rigorous study. They found that the programme might have delayed sexual initiation for some pupils but the effect was not consistent. It did not measure the impact on teenage pregnancies, abortions, or STDs.

#### ***RIPPLE***

The RIPPLE programme studied the impact of peer-led sex education (teenagers delivering sex-education messages to their peers). Stephenson and colleagues<sup>6</sup> conducted a rigorous study using groups in 27 schools involving 9,000 pupils. The peer-educators who were recruited were trained to ensure a standardised programme across different types of schools, and they aimed to increase knowledge about local sexual health services as well as about condoms, STIs, pregnancy and contraception.

After long-term follow up, they concluded that there were slightly fewer teenage births among, but no fewer abortions, among those who went through the programme.

---

<sup>4</sup> Jemmott, Jemmott & Fong, *Efficacy of a Theory-Based Abstinence-Only Intervention over 24 Months*, Archives of Paed & Adol. Med. 164, 2010.

<sup>5</sup> *Evaluation of the APAUSE SRE programme*, Blenkinsop, S., and others, National Foundation for Educational Research, 2004.

<sup>6</sup> Stephenson J and others, *The Long-Term Effects of a Peer-Led Sex Education Programme (RIPPLE): A Cluster Randomised Trial in Schools in England*, PLoS Med, 2008

The follow-up monitored outcomes to age 20, so the births may have been intended/welcomed pregnancies, and cannot be assumed to have been unintended or unwanted conceptions.

### ***SHARE***

SHARE is a specially designed programme implemented in Scotland by Daniel Wight and colleagues which was also tested across a wide number of schools against a matched control group. This is probably the most carefully designed and rigorously tested programme in the UK.

SHARE was designed to combine the most effective educational techniques available, including small group work, role-playing, handling condoms, interactive video, etc. It was developed with all 10 characteristics identified by the Kirby<sup>7</sup> as necessary for effective sex education programmes.

Despite all this care and effort, the researchers concluded about SHARE that:

**“This specially designed sex education programme did not reduce conceptions or terminations by age 20 compared with conventional provision. The lack of effect was not due to quality of delivery.”<sup>8</sup>**

In fact, earlier published data had suggested a slightly higher rate of abortions among the SHARE programme pupils.

The researchers also concluded that:

“The potential for whole class sex education delivered by teachers to influence young people's behaviour might have already been reached by conventional provision. To have a stronger impact on the sexual health outcomes for young people, complementary interventions should be considered.”

They suggested that socio-economic interventions or parental influence might be the answer to teenage pregnancy and abortion.

This is a devastating conclusion for sex education advocates. SHARE was designed to have all the features of an ideal SRE programme. It was carefully implemented by trained people. But after all this the researchers (including the programme designer) suggest abandoning that the idea that classroom sex-education can be improved.

This evidence of the failure of classroom SRE demands a thorough rethink of how the UK should approach the issue.

---

<sup>7</sup> Kirby D, *Effective approaches to reducing adolescent unprotected sex, pregnancy and childbearing*. J Sex Res 2002; 39 51-7 [PubMed]

<sup>8</sup> Henderson, Wight and others, *Impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations: final results of cluster randomised trial*. BMJ 2007 Jan 20 334(7585) 133.