

Advertisers Should Not be Able to Promote Condoms to Children

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The watershed was established to protect children from content deemed unsuitable for them. The BBC's editorial guidelines state that "programmes broadcast between 5:30 am and 9pm must be suitable for a family audience including children."¹ The watershed is there for the "protection of young people and particularly children" from unsuitable material that may be violent, of a sexual nature, involve drugs, use offensive language or involve adult themes like suicide, the occult or horror.

Why is it then that condom advertising before the watershed is being sought?

The advertising of condoms directly to children before the watershed is so obviously a breach of the intention and purpose of the watershed that the question immediately arises, "What is so special about condom advertising that it should be an exception?" The short answer is, "Nothing". Those who have strongly promoted contraception to younger and younger teens as the solution to the high rate of teenage pregnancy are seeing that strategy fail before their eyes. Yet they are still committed to the broad agenda of sexual freedom and cannot see anything other than more extreme versions of the same approach.

Parents are the primary educators of their children. In the sensitive area of sexuality education, they have a unique responsibility and opportunity to teach their children. They care for their children in ways that others cannot, and they know the unique developmental characteristics of their children and therefore what education is appropriate. This is not to say that schools cannot also contribute to sexuality education. But parental values and knowledge must be respected. So when parental values include that their children should not be encouraged to purchase condoms, then that should be respected. Encouragement to purchase condoms clearly presupposes that children are engaging in sexual intercourse, and while that is true for some, depending upon age, condom advertising is a blunt message to all children whether they are or are not sexually active. The potential for direct marketing of condoms to encourage sexual experimentation seems so obvious that it hardly needs stating. However, proponents naively argue that it doesn't. At the very least, savvy advertisers expect to sell more condoms. Why waste money on advertising targeted at early teens unless it pays off?

The UK has one of the highest rates of teenage pregnancy in the Western World and an escalating rate of sexually transmitted diseases. Thousands of teenage pregnancies have ended in abortion. In 2009 there were 39,020 abortions among 15-19 year olds compared with 35,344 in 1999². The rate of sexually transmitted infections (STIs) nearly doubled in the 90s and girls under 20 bear the primary burden.³ The rise in abortions and STIs has occurred in the context of the widespread near saturation promotion of contraception to teenagers. Does anyone really think that teenagers are unaware of condoms and what they are for? Clearly it is not working, and reassessing the strategy is long overdue. The further promotion of condoms as a solution to teenage pregnancy and STIs by advertising to young teenagers, that is, children, is part of the same failed strategy.

The reason the strategy of widespread blanket promotion of contraception as the answer to teenage pregnancy and STIs is flawed is understandable on the grounds of common sense. When children in an already highly sexualized society are told at younger and younger ages that condoms will protect

¹ See <http://www.bbc.co.uk/guidelines/editorialguidelines/edguide/harm/televisionthewa.shtml>

² See <http://www.statistics.gov.uk/statbase/product.asp?vlnk=68>

³ See <http://www.statistics.gov.uk/cci/nugget.asp?id=721>

them from disease and pregnancy, what are they likely to do? Those who have not had the opportunity to understand the critical importance of love, respect, and commitment in relationships, and the reality of contraceptive failure and the harm of abortion, will take greater risks. And their risk taking will be based upon that limited or flawed understanding. A teenager who is contemplating a sexual encounter makes some sort of assessment of the risk of ‘side-effects’ like pregnancy and STIs and relational complexities. And that assessment occurs in a variety of unpredictable contexts laden with a range of emotions. It may also occur in the context of drug and alcohol abuse. So is it any surprise that contraception fails or is simply not used at all, despite the saturation promotion?

Professor David Paton, an economist, has made a compelling case for the application of the insurer’s concept of ‘moral hazard’ to the practice of risky sexual behaviour.

When we have an insurance policy that protects us against the risks of, for example, our car being stolen, we tend to be a little less careful about preventing the risks from happening ... some youngsters perceive abortion as alleviating some of the risks of having sex and/or having sex without contraception. When abortion is made easier to access ... we would predict more youngsters to engage in risky sexual activity.⁴

In a similar fashion, some teenagers, who have drummed into them that condoms will remove the risk of pregnancy and STIs, will take risks they otherwise would not take, and some will become pregnant who would otherwise not, and some will have abortions they would otherwise not have, or end up with STIs they would otherwise not get. Importantly, teenagers are having promoted to them two risk reduction strategies – contraception and abortion. If they fail to use contraception, or it fails (there is plenty of evidence for this), they can resort to the second risk-reduction option, abortion.

In a detailed analysis of the relationship between underage conceptions and family planning measures like contraception and abortion, Paton found,

... no evidence that greater access to family planning has reduced underage conceptions or abortions. Indeed, there is some evidence that greater access is associated with an increase in underage conceptions in our sample.⁵

He is not alone. Research by Arcidiacono and colleagues in the US comes to a more direct conclusion.

Programs that increase access to contraception are found to decrease teen pregnancies in the short run *but increase teen pregnancies in the long run*. [italics added]⁶

Arcidiacono and colleagues explain this in greater detail.

Consider a sixteen year old exposed to a policy that increases access to contraception, *ceteris paribus*. If the policy is a surprise, our simulations reveal that this individual will be less likely to become pregnant at age sixteen. However, a fourteen year old exposed to the same policy from the ages of fourteen through sixteen will actually have a higher probability of becoming pregnant at age sixteen.

⁴ Paton, D., The Economics of Secret Abortions and Emergency Birth Control. *Faith*, Jul-Aug 2007, 3.

⁵ David Paton, The economics of family planning and underage conceptions, *J Health Economics* 21:207-225, 2002.

⁶ Peter Arcidiacono, Ahmed Khwaja, & Lijing Ouyang, Habit persistence and teen sex: could increased access to contraception have unintended consequences for teen pregnancies? Working paper. Department of Economics, Duke University, see <http://econ.duke.edu/~psarcidi/teensex.pdf>

In other words, earlier access to information about contraception followed by a time period before first sexual encounter *increases* the risk of pregnancy.

This is precisely what targeting condom advertising to young teens is likely to achieve.

Part of the reason why increased teenage pregnancies result in increased abortions is because the package being promoted by family planning programmes and many sexuality education programmes is that teen sex should be possible without risk.

Contraception is the promise of child-free sex, and when something goes wrong and a child is conceived—due either to the technical failure rate of contraception or to the possibility of human error in anything we humans undertake—abortion takes that child-free promissory note to the bank.⁷

Hence, the failure of the contraceptive message to reduce teen pregnancies is also the reason for increased teen abortions.

In conclusion, the advertising of condoms before the watershed targets young teens, with the expectation that condom use will increase and pregnancies and abortions will decline. This simplistic approach fails to recognise the complexities of the problem and will instead exacerbate an already failed strategy.

⁷ Cathy & Austin Ruse, The myth of the contraceptive compromise, *First Things*, Apr 1, 2009