

Sex Education in Schools: Responding to the Department of Education's PSHE consultation

(Deadline: 30 November 2011)

The Department of Education is carrying out an internal review to “determine how to support schools to improve the quality of teaching of personal, social, health and economics (PSHE) education, including giving teachers the flexibility to use their judgement about how best to deliver PSHE education.”

The Department is open to receiving evidence with regard to the teaching of PSHE and its effects. While there are a number of issues that can and should be addressed with regard to the teaching of PSHE, this briefing is, appropriately for SPUC, focussed on the issue of sex education.

The Response Form can be downloaded here:

<http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1759&external=no&menu=1>

If you wish to respond electronically you can do so online at

<http://www.education.gov.uk/consultations/>

Completed questionnaires and other responses should be sent to:

Department for Education, Consultation Unit, Area 1C, Castle View House, Runcorn, Cheshire WA7 2GJ

Send by email to: PSHEEducation.review@education.gsi.gov.uk

The closing date for submissions is 30 November 2011.

Question 6 relates to sex education:

“How do you think 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 people about sexual consent.”

What might be said in answer to these questions and what new evidence can be brought forward on sex education and its effects?

Sex education: some general concerns

Current sex education programmes such as *Living and Growing* and *The Christopher Winter Project* have been analysed by SPUC and found to involve explicit sexual content, to promote what is, in effect, an anti-family agenda and to recommend work by pro-abortion organisations such as Brook (see SRE Bulletin). These and various other current sex education programmes appear to begin by assuming that many young people will engage in sexual activity from 12 years on or even earlier - well below the legal age of consent. There is evidence that such

programmes are not only ineffective but may even be adding to the problems of teenage pregnancy and sexually transmitted infections (STIs) they are intended to solve (see the section below).

The programmes mentioned above show no sign of awareness that it is perfectly possible to impart to a child, with loving understanding, the message that he/she would be better off, for a time, not to study 'sex ed', without fearing the subject as something dirty or unspeakable, and that a closer mental engagement with the subject suits a more mature stage of development while the child has first to master things of a different kind. Ignored is the insight that something as profoundly important as the subject of sex should be left for a more appropriate time given that nothing can or should be acted upon for years to come. Not one of these points is even considered in the various mainstream sex education programmes on offer, nor is there any recognition that the entire strategy with regard to sex education rests on baseless assumptions.

The philosopher Roger Scruton describes the dangers of sex education not grounded in the recognition of traditional sexual morality and the need for innocence in the young: "Innocence is the disposition to avoid sexual encounter, except with the person whom one may fully desire. Children who have lost their innocence have acquired the habit of gratification through the body alone, in a state of partial or truncated desire. Their gratification is detached from the conditions of personal fulfilment and wanders from object to object with no settled tendency to attach itself to any..."

Any witting or unwitting corruption of the innocent has been regarded, across almost all civilizations in history, as a most serious offence harming the victim by damaging his or her moral progress into adulthood. Therefore, any educational programme that risks doing this needs to be carefully examined.

Evidence on effects of sex education

There is evidence available on the effects of sex education both in England and abroad, including in the Netherlands (the latter most frequently referred to as a success story).

Professor David Paton, an expert on the effects of government strategies on teenage pregnancy rates, in analysing current evidence in an article in the *Nursing Times* (27 October 2009) has found:

"In general, those studies that have examined the impact of particular school-based sex and relationships education (SRE) interventions on teenage pregnancy rates are not particularly encouraging. DiCenso et al (2002) review RCTs [randomised control trials] that tested for an impact of SRE schemes (including both abstinence-based and more standard programmes), concluding that *none were effective in reducing teenage pregnancy rates* (my emphasis)." Paton goes on to state: "This is consistent with Wilkinson et al (2006) who find no association across local authorities in England between the quality of SRE provision and reductions in the under-18 conception rate. Recent RCTs (for example Henderson et al, 2007; Stephenson et al 2008) report a similar lack of impact on unwanted pregnancy rates although one exception is Cabezon et al (2005) who find evidence that an abstinence-based programme has a statistically significant impact in reducing both early sexual activity and pregnancy rates."

Refs: Cabezon C., P. Vigil, I. Rojas, M.E. Leiva, R. Riquelme, W. Aranda and C. Garcia (2005), ‘Adolescent pregnancy prevention: an abstinence-centered randomized controlled intervention in a Chilean public high school’, *Journal of Adolescent Health*, 36: 64-9.

DiCenso A., G. Gordon, W. Andrew and L. Griffith (2002), ‘Interventions to reduce unintended pregnancies among adolescents: systematic review of randomised controlled trials’, *British Medical Journal*, 324(15, June): 1426-34.

Henderson M., D. Wight, G.M. Raab, C. Abraham, A. Parkes, S. Scott *et al* (2007), ‘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*, 334(Jan): 133-137.

Stephenson J., V. Strange, E. Allen, A. Copas, A. Johnson, C. Bonell, A. Babiker, A. Oakley *et al* (2008), ‘The Long-term Effects of a Peer-Led Sex Education Programme (RIPPLE): a cluster randomised trial in schools in England’, *PLoS Medicine*, 5(11, Nov): 1579-90.

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.

In addition to these findings, a paper by Jemmott *et al.* published in 2010 entitled ‘Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months: A Randomized Controlled Trial with Young Adolescents’ (*Archives of Pediatric & Adolescent Medicine*, 164(2): 152-159) concluded that “Theory-based abstinence-only intervention may have an important role in preventing adolescent sexual involvement.”

For similar results see the Cabezon (2005) paper referred to above.

The Netherlands is frequently cited as a success story with regard to sex education. However, sex education varies widely from school to school in the Netherlands. David Paton has pointed out, following the research of J. Van Loon, that if we truly wanted to follow the Dutch Model “we would not introduce compulsory SRE in primary schools”.

Paton further observes, “from the available evidence, the conception rate in the Netherlands for under-16s is actually at a very similar level to that in Ireland. For some reason policy makers do not seem to point to the success story that is Ireland. Perhaps that is because abortion is not legal in Ireland and, in contrast to England, minors are generally not allowed access to birth control without parental consent.” (David Paton, ‘Teenage Pregnancy, STIs and Abstinence Strategies’, in H.Watt (ed.), *Fertility & Gender: Issues in Reproductive and Sexual Ethics* (Oxford: Anscombe Bioethics Centre, 2011). This paper also shows how SRE has completely failed to reduce England’s very high STI rate. See also J. Van Loon, *Deconstructing the Dutch Utopia: sex education and teenage pregnancy in the Netherlands* (London: FET, 2003).

There is, as yet, no sign that those involved in PSHE and sex education have taken on board the evidence pointing to, at best, a lack of impact of sex education on teenage pregnancy and STI rates, except for some studies showing a positive effect of abstinence education. It is important to note that many special interest groups wish to promote SRE. Local authorities, those providing ‘reproductive services’ at local health clinics and organisations such as Brook which promote

contraception and abortion will encourage SRE programmes which see their services as providing solutions to problems, despite all the evidence to the contrary – other moral considerations aside.

In order to answer the three questions raised by the DoE within Question 6, we recommend that you focus on a) asking how far a morally serious stress on relationships is compatible with sex education which undermines healthy relationships as such, not least by undermining children's innocence. In relation to question b) it should be stressed again that sex education itself can be undermining of positive parenting and that many parents want to have much more control over what their children are taught. In relation to question c) we recommend you cite the evidence above as to how SRE – particularly SRE of a kind which is non-abstinence-based - has failed: it could be very harmful to give children the impression that only non-consensual sex is wrong or damaging at their current age.

It is important to give references where possible of the kind provided above. Always be careful in making factual claims, ensuring that they can be backed up by research.

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