

If you both decide you want to have sex, make sure you have safer sex. So use a condom. If you can't find the right words to talk about it, you could try one of these ideas.

\* Wait until you're both undressing and then casually ask "Your condoms or mine?" It's easier to do this when you've still got your underwear on and you're not in any danger of getting emotionally and physically carried away.

\* Say "We need to use a condom. I would never make love without one."

\* Say "I'd like to use a condom: better safe than sorry."

For more information about condoms, read the HEA's leaflet *The condom guide: making sex safer* (see p.19).

For more information on sexual health matters for young women and men, turn this booklet upside down and see page 6.

**TALK CONDOMS BEFORE IT'S TOO LATE**

*Sexual health matters for young women* (Health Education Authority)

Medical Press, 1994, p588

7 Trussell J, et al. Contraceptive Efficacy, In Hatcher RA, et al. *Contraceptive Technology*, 1998, chapter 31, pp779-844, 17th edition, Ardent Media, New York, cited from Workshop on Scientific Evidence on Condom Effectiveness for STD Prevention, June 12-13th 2000, USA Agency for International Development, Food and Drug Administration, Centers for Disease Control and Prevention, National Institute of Health, p10

8 Workshop on Scientific Evidence on Condom Effectiveness for STD Prevention, June 12-13th 2000, USA Agency for International Development, Food and Drug Administration, Centers for Disease Control and Prevention, National Institute of Health, p27

9 Ibid. p14

10 Ibid. p16

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years. Children should be taught the meaning and purpose of marriage, and why all sexual activity outside marriage is immoral. They should also be taught the biblical virtues of modesty and self-control.

### Endnotes

1 ES Williams, *The Outrage of Amoral Sex Education*, Belmont House Publishing, 2006

2 *Daily Telegraph*, 23 November 2005. Outrage over explicit sex lessons, John Clare

3 Pearson VAH, et al., Pregnant teenagers' knowledge and use of emergency contraception. *British Medical Journal*, 1995; 310: p1644

4 Dick Churchill et al., Consultation patterns and provision of contraception in general practice before teenage pregnancy. *British Medical Journal*, 2000; 321: pp486-9

5 Williams ES, Pregnant teenagers and contraception. Contraceptive failure may be a major factor in teenage pregnancy, *British Medical Journal*, 1995; 311: p 806-7 (23 September)

6 Ashton JR, Marchbank A, Mawle P, Hotchkiss J. *Family Planning, Abortion and Fertility Services Health Care Needs Assessment* vol. 2. Radcliffe

# Do condoms protect children?

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There is no more contentious issue than sex education. While there is a national campaign to promote condoms among schoolchildren, many people are instinctively uneasy about schools teaching children about sex and contraception. As a consultant in public health I've had an opportunity to observe sex education at first hand. My book, *The Outrage of Amoral Sex Education* (September 2006) sets out to lift the veil of secrecy that surrounds sex education and show parents, in graphic detail, the reality of what sex lessons are all about.<sup>1</sup> The amoral nature of the Government's 'safer sex' message, which all schoolchildren are required to be taught by law, is deeply disturbing and will shock most parents. The leaflet, 'The Outrage of Amoral Sex Education', summarises the essential arguments of the book.

## Is sex education corrupting children?

An article in the *Surrey Mirror* ('Religious group claim that sex education is corrupting children' 19 July 2007) attempts to discredit the leaflet, asserting that it blurs the boundaries between fact and myth. At stake is the issue of contraceptive failure—the leaflet states that the message of 'safer sex', namely that condoms provide 'all-in-one' protection against sexually transmitted diseases (STDs) and unwanted pregnancies, is *totally misleading*. The leaflet also challenges the amoral nature of the ideology that drives sex education in the UK.

Dr Tara Jones, a GP at Oxted Health Centre and responsible for family planning at Surrey Primary Care

**DO get contraception sorted out before you start having sex.**  
You can get confidential help from a doctor, even if you're under 16, so there's no need to take any risks.

**What IS CON-TRA-CEP...?**  
Contraception stops the man's sperm from joining with the woman's egg to make a baby.

*Is Everybody Doing It? (FPA)*

Trust said: ‘The condom claim is factually incorrect. Prior use of condoms has provided extremely good protection – no method is 100 per cent perfect, but they are the best form available.’ She went on, ‘there is worldwide evidence to refute the claim that sex education or sexual healthcare have contributed to this’. But not everybody is convinced by the special pleading of the family planning expert. Dr Peter Magauran, a local GP, responded in a letter to the *Surrey Mirror* (30 July 2007): ‘I wonder if I am on the same planet as my medical colleague Dr Tara Jones... we have more sex education in the UK than any other European state; yet still have the greatest number of unwanted pregnancies and STDs. In every area where sex education increases so does the problem.’ So we have diametrically opposed medical opinions!

The controversy over sex education is not new. An article in the *Daily Telegraph* under the headline ‘Outrage over explicit sex lessons’, describes how parents are kept in the dark about the content of sex lessons in the school

classroom. The *Telegraph’s* education correspondent, John Clare, reveals that 12-year-olds are being taught about anal, oral and digital sex. ‘Parents and grandparents wrote in droves to say how horrified, appalled, disgusted and outraged they were. Almost without exception, they demanded to know where the lesson materials had originated, who


had authorised them and how widely they were being used.’<sup>2</sup> The article reached three conclusions. The first is that the use of crude and explicit sex education materials is widespread. Second, parents are not told the details of what is being taught and, third, parents have little hope of discovering what their children are taught.

### The condomisation of children

The government’s sex education policy is based on the belief that condoms provide children an all-in-one protection against both unwanted pregnancy and STDs. Knowledge of the different types of contraception and access to contraception is a major part of the Government’s strategy to reduce teenage pregnancy. According to the Government’s guidance, ‘young people need to

You can get **FREE** information and help about **CONTRACEPTION** from a doctor or family planning clinic.

You can be any age to get advice. All services are **CONFIDENTIAL** – this means they won't tell anyone you've been.



Let the staff know if you would prefer to be seen by a woman doctor.

4Girls (Family Planning Association)

### Sex education promotes an amoral ideology


A study of sex education literature, produced by the likes of the Family Planning Association and Brook, shows the amoral nature of the ‘safer sex’ message. Children are taught about sex in a context that does not recognise that any type or form of sexual conduct is wrong or perverted. Children are encouraged to believe that there is no such thing as sexual immorality. The message is that if a child wants to have sex, then fine, provided he or she uses a condom. Whatever choice a child makes about having sex is right for them. The implication is that children sets their own moral standards, and no one has the right to judge.

The truth is that sex education is undermining the traditional moral standards that have been accepted by the majority of the population for centuries, and is replacing them with new permissive ideas. And much of this is done behind their parents back, for parents have little idea of what goes on in sex lessons in the class-room or the contraception clinic.

By law sex education must have regard to ‘moral considerations’. The purpose of a moral framework is to distinguish between right and wrong, and to warn of the danger of immoral conduct. To teach sex education without a moral framework is probably unlawful. Schools should teach children about sexual conduct within the traditional moral framework of the Christian faith, the religion that has guided the moral standards of this nation for over a thousand

**GOING FURTHER**

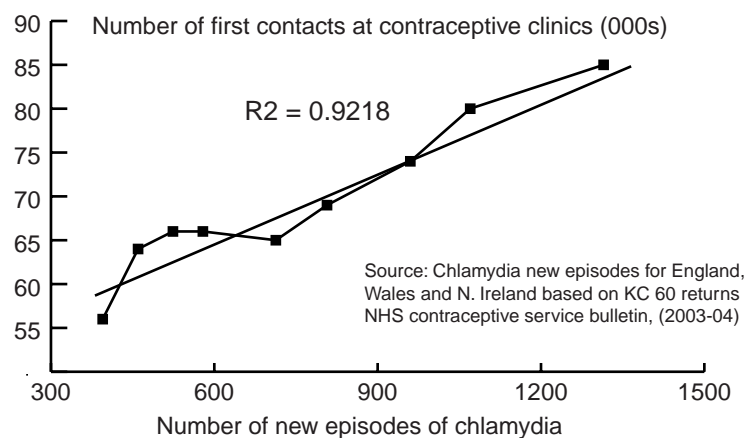
*My boyfriend says I'm frigid because I don't want to have sex. Frigid is an insulting word used when girls say 'no'. If he's interested in you he'd be prepared to listen to how you feel and wait if necessary. If he isn't, he's just putting pressure on you. Sex should be enjoyable, so:*



- Don't have sex until you're absolutely sure it's what you want.
- Ditch boys who try to pressure you or insult you.
- Realise that all women can enjoy sex with the right partner at the right time.

4Girls (Family Planning Association)

Correlation between new episodes of chlamydia (girls under 16) and first contact in contraceptive clinics for girls under 16: England 1995 - 2003



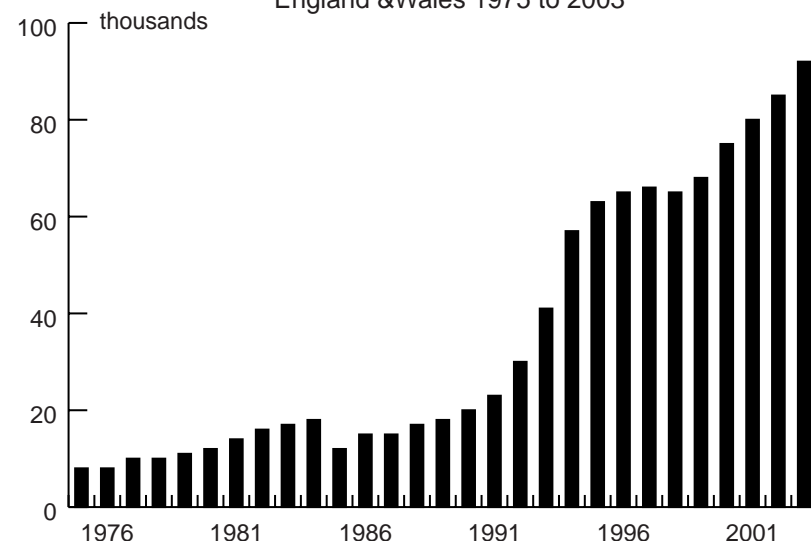
transmission by approximately 85%'.<sup>9</sup> This means that 15 out of 100 sexually active young people who rely on condoms for protection against HIV are at risk of acquiring the infection if exposed to an infected partner.

Moreover, available epidemiological evidence 'does not allow an accurate assessment of the degree of protection against gonorrhoea infection in women offered by the correct and consistent condom use'.<sup>10</sup> And there is no evidence that condoms provide protection against a number of other STDs, such as the human papilloma virus, chlamydia or genital herpes.

It is not difficult to understand why condoms provide such poor protection. STDs are frequently passed through 'skin to skin' contact even when condoms are used. This can happen because the bacteria or virus that cause many serious STDs (such as human papillomavirus, chlamydia, herpes, and syphilis) do not infect just one place on the body. *They may infect anywhere in the male or female genital areas.*

The above graph shows a strong correlation between the number of under-age girls recruited into contraception and new episode of chlamydia in girls of the same age. As the number of girls under 16 using contraception has increased so has the number of cases of chlamydia in the same age group. While it is not possible to say that there is a causal link, the correlation provides little comfort for those who claim that condoms protect against clamydia.

First contacts for girls under 16 at family planning clinics England & Wales 1975 to 2003



Source: Government Statistical Service contraceptive bulletins

know not just what safer sex is and why it is important but also how to negotiate it with a partner.'

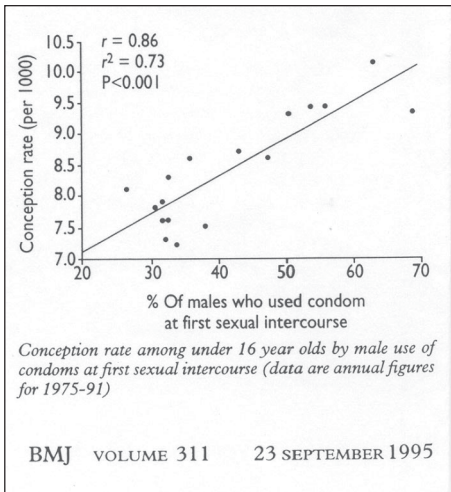
Few parents understand that a child of any age, that's right, even 11 and 12-year-olds, can be provided with a free supply of contraceptives without their parents' knowledge or consent. As a consequence of the Government's policy more under-age children than ever are using contraception. In the past three decades, since the mid-1970s, there has been a massive elevenfold increase in the use of contraception by children under the age of 16. The UK has the dubious record of having one of the world's biggest condom distribution schemes among children. Every year around 100 thousand children are recruited into the condom culture promoted by the Government and its amoral sex education policy. Despite the large number of children who are using condoms there is an epidemic of STDs and unwanted pregnancies. This is because the so-called protection provided by condoms is imperfect. Indeed, contraceptive failure is a major factor behind the shocking crisis in sexual health among our young people.

## Do condoms protect children from unwanted pregnancies?

Few people realise that most teenagers who become pregnant have been using contraception. For example, a study of 147 teenagers with unplanned pregnancies found that 80 per cent claimed to have been using contraception at the time of conception.<sup>3</sup> Research on teenage pregnancies in general practice shows that most (over 71 per cent) who became pregnant had discussed contraception with their GP in the year before they became pregnant.<sup>4</sup>

When I was Director of Public Health for Croydon Health Authority, all the evidence I came across convinced me of the inability of contraception to prevent pregnancies among teenagers. To illustrate this point I examined the

relationship between the use of condoms at first sexual intercourse, and the conception rate among under 16-year-olds, for the period 1975 to 1991. My letter, published in the *British Medical Journal*, showed a remarkably powerful correlation between the two trends, with pregnancies *increasing with increasing condom use*. A feasible explanation is that the promotion of contraception among the young has contributed to an increase in sexual activity, which in turn has inevitably contributed to the increase in teenage



pregnancies. The letter concludes, 'Sex education and the national campaign to promote contraception through safer sex campaigns have undoubtedly been successful in increasing the proportion of teenagers who use condoms. Most people assume that increasing the use of contraception leads to a reduction in unplanned pregnancies. Yet my analysis shows that this has not happened. A plausible explanation is that the main factor in unplanned teenage pregnancy is contraceptive failure, not the lack of contraceptive knowledge and availability.'<sup>5</sup>

An epidemiological assessment of family planning in the UK provides information on the percentage of women who become pregnant in the year of using different contraceptive methods. The failure rate for condoms is estimated

to be between 10 and 19 per cent per year.<sup>6</sup> And the failure rate among teenagers is likely to be even higher. Information from the National Surveys of Family Growth in the USA shows that 14 per cent of couples experience an unintended pregnancy during the first year of typical use, a failure rate that includes both inconsistent use and incorrect use, as well as breakage and slippage.<sup>7</sup> This means that around one in six teenagers who depend upon condoms for contraception are at risk of pregnancy during each year of sexual activity. Clearly, contraception does not provide foolproof protection against pregnancy. The reality is that 'safer sex' is not all that safe in preventing pregnancy among sexually active teenagers.

## Do condoms protect against STDs?

The ability of condoms to protect against STDs and HIV is even more doubtful. A workshop on the Scientific Evidence on Condom Effectiveness for STD Prevention,

under the auspices of the National Institutes of Health in the USA, examined 138 research papers published in the scientific literature. The expert panel concluded: 'The ability to definitively demonstrate the presence or absence of a relationship between consistent and correct condom usage and the reduction in risk of STDs was significantly hampered by the lack of adequate study design in most, but not all studies under review.'<sup>8</sup> Because of the 'limitations in study designs there was insufficient evidence from the epidemiological studies on these diseases (gonorrhoea in women, chlamydial infection and trichomoniasis) to draw definite conclusions about the effectiveness of the latex male condom in reducing the transmission of these diseases.' The panel estimated that 'consistent condom use decreased the risk of HIV/AIDS

