

Let's Start with the Children:  
Promoting Chastity and Marriage within the PSHE  
Curriculum

Thornycroft Conference of Priests

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## Introduction

My Lord Bishop, Reverend Fathers, it is an honour to be here among you when I am more accustomed to sitting at your feet.

My subject, teaching good family values within the PSHE curriculum, puts me in mind of another gathering I addressed last year. It was also in Lent and the talk was in a Catholic setting but there the similarities cease. My audience was, in fact, a large group of trainee teachers. I had sent down my slides in advance of the meeting and was sent back a hasty warning: avoid using the word marriage or your audience may shut off and stop listening.

I don't tell you this anecdote to depress you, but rather to impress upon you the urgent need we have to teach marriage. These young teachers had presumably only recently emerged from school sex and relationships education themselves and they can't listen to the thought of marriage.

Why is it that a group of young teachers could possibly react so negatively? The answer comes in one word: contraception. Without it, no teacher could address the subject of sexual relationships and not include marriage.

Cardinal [James] Stafford spoke this morning of the power of the broken heart of Christ. I see Christ's broken heart saying to us: Do you not know that I am God the Creator? Do you not know that I am Love? Why then can you not trust that, when I put together in one act your powers to procreate and to make love, I know what I am doing?

Science tells us that if the minutest change was made to, for instance, the force of gravity, or to temperature, the world itself would literally fall apart. How then do we have the audacity to think we can improve upon our sexual natures using paltry drugs and bits of rubber?

## Contraception's false promises

What is it that contraception once promised?

Was it not:

- children when you want
- in order to have happier marriages?

It's worth remembering that the Pill was ostensibly created to relieve couples who already had a family. It was never designed for those whose reproductive lives were ahead of them, especially young school children whose bodies are not yet fully grown. Dr Ellen Grant, who worked on the Pill's development in London in the 1960s, was passionate on this subject.

I met her a couple of times in London, where she was then working to mend people from the consequences of the Pill. Her book *The Bitter Pill*<sup>1</sup> is well worth reading. It makes clear that the Pill is no on/off switch, but is a powerful drug affecting the whole body.

What is it that contraception has given us?

- Children when we don't want them, often most inappropriately. But also sometimes none when we do.
- And bonding? It happens again inappropriately in the young years, and fails to take root later on in permanent marriages.

The two parts of the marital act have been blown apart by contraception as in a nuclear explosion. The fallout has been far greater than anything we could have anticipated, and we have probably not yet discovered its extent.

What we do know is that it is children who have suffered the most. They have received a triple blow:

- They come from broken homes
- They suffer from teenage pregnancies, sexually transmitted infections (STIs), drugs and all the other poisons we hear about so much
- And, less talked about but possibly even more seriously, they can look forward to a lonely old age, suffering from infertility and lack of secure family life.

How do we unravel this terrible mess? There is obviously no one way, but my own answer is to start with the children, and one element of doing this is in teaching marriage in PSHE.

## What is PSHE?

PSHE stands for Personal Social Health Education and has a sub-heading Personal Well-being. PSHE was created by the Labour government in the year 2000 for insertion into its new school National Curriculum. I'll give you a potted history.

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<sup>1</sup> *The Bitter Pill*, by Dr Ellen Grant (Elm Tree/Hamish Hamilton) 1985. Dr Grant worked for ten years in the London Trials of the Pill carried out by the Council for the Investigation of Fertility Control.

Back in 1972, the Royal College of Obstetricians and Gynaecologist's (RCOG) published a report on the problem of *Unplanned Pregnancy*. Among its recommendations, implemented by a compliant government, was that contraception should be made free to all comers, regardless of age or income, and that sex education should be introduced into schools. By 1991, the situation was no better and the RCOG published a second report, which recognised the failure of the first initiative. Its main solution, taken up by government amid a fanfare in the press, was that there should be yet more sex education, and that contraception should be yet more easily accessible.

By the end of the 1990s the problem of specifically teenage pregnancy had become so serious that the Government set to work on a strategy specifically to tackle it. The *Teenage Pregnancy* report launching this had a Foreword by Tony Blair himself, in which he lamented that the UK had the highest rate of teenage pregnancy in Europe, a record for which we should not feel proud. Money was poured in, contraception became yet more widely available and new, aggressive sex education materials were introduced widely into schools, with older materials often being destroyed.

By the turn of the millennium, though, other behavioural problems were becoming a significant menace, among them Sexually Transmitted Infections (STIs), drugs, drink and a host of other familiar names. It was clear that some families were not passing on good values to their children, and so the umbrella subject of PSHE was introduced into schools. The "poisons" were joined by other conditions, such as lack of self-esteem, and inability to control temper. Where there was perceived to be a problem, in it went. PSHE has variously acquired new letters, such as C for Citizenship and E for Economic Education (credit card debt is another poison) but mouthfuls are mouthfuls and we appear to have returned to what trips off the tongue, so PSHE it remains.

It is important to note that, other than sex education in secondary schools, which is compulsory, the rest of PSHE is non-statutory. In practice, school inspections make sure that it is taught, but, in theory at least, schools have freedom to teach it in their own way. At primary level, the only requirement with regard to sex education is that schools have a policy. That policy can be to have no sex education at all.

Many Christians, teachers and parents alike, are suspicious of PSHE and, given this background, one can understand why. However, it is not in its nature new that schools should teach moral values. Many of our schools were originally Christian foundations built with the specific missionary purpose of transmitting faith and rounded moral formation. PSHE is in a sense a secular replacement of that moral education and the official guidelines for its teaching are actually surprisingly good. Many of you will be proud of what your own schools are achieving and nothing I say now is meant to belittle that. Indeed, the good work done by individual schools and teachers supports my argument that PSHE can be used to advantage.

However, the Cardinal said this morning "know your opponent" and I shall now speak in general terms of how, under pressure from government agencies, PSHE is most often delivered. What I say is informed by the Ofsted Review of PSHE 2010 which highlights what school inspectors have been looking for.

For a start, standard PSHE is target based. Alcohol is a problem, therefore children must be taught what it does to their bodies, and then they are expected to be very sensible and adopt the proposed strategies to avoid its abuse. The problem with this type of education is that it's very negative. The targets also don't apply equally to all children: some just aren't drawn to drink too much, especially aged ten, and so it can be very boring. Children object to being lectured in this way, mock it and if they take it in at all, which many don't, they often think it more fun to do the opposite.

You have to remember that the targets are often set by government bodies to make sure that all children know certain things by a certain age, even if at that particular age many children's interests lie elsewhere. Children find themselves being portrayed as potential addicts, and if they are not bullies they are victims. Self-esteem, or rather its lack, is another big time target for correction. However, the underlying motivation for this character improvement is often very negative: fear, desire for safety at all costs, lack of trust, and pride.

Sex and Relationships Education (SRE), as I said before, falls within the bracket of PSHE. Again, you get its flavour from the Ofsted Review. It is actually part of the official guidance that marriage should be taught as part of SRE, but you wouldn't know it from Ofsted. In all forty-six pages of the Review, the word "marriage" is mentioned only once, as follows:

*"In 48 of the secondary schools visited, sex and relationships education was good or outstanding. Most of the students had a secure knowledge and understanding about contraception and preventing sexually transmitted infections, and knew where to get help and advice. To a lesser extent, the students were able to identify and discuss relationships - marriage, parenthood, same-sex relationships and family life - and how these could have an impact on their lives."*

In effect, the children are being taught how to have sex, but nothing of the ingredients of a good marriage. I regret to say that, even in Catholic schools, there are not many teachers who are prepared to teach marriage as a norm. When so many children, and even teachers, come from broken homes, it is easy to see why. I call it "eggshell syndrome":

- Society is not facing up to feelings of guilt,
- but instead attempts to rationalize it away.
- In doing so, it projects distorted values on to others, in this case children.
- People also avoid speaking truth because they fear becoming a connector to another's unspoken grief, guilt or shame
- which can indeed ignite emotions which are embarrassing or threatening.

There is now a demand for more teaching on relationships. Most parents will assume that this means teaching their children good social skills: how to get on with others, and in particular how to understand members of the opposite sex. What Ofsted rates in Relationship Education is:

*"managing risks, saying no, negotiation in relationships, divorce and separation, or living in reconstituted families".* It comments that, in schools with no more than "satisfactory or inadequate" SRE, the teaching "rarely touched upon topics such as how the media portrayed sex, domestic violence or conflict in relationships".

SRE in Ofsted's eyes is again very negative, and, more worryingly, you will note that children are being taught distrust of others as a first instinct. This is very far from Christ's teaching on love and self-sacrifice.

### **Sex and Relationship Education (SRE) and contraceptive failure**

The root problem with current SRE is of course that it is based on the assumption that it is normal for children and young people to be actively sexual and that this is their prerogative provided that they are responsible and use contraception.

Setting aside moral considerations, the theory is calamitous, because contraception itself fails so often. It fails among adults, much more than is commonly admitted, but it is disaster among children, whose bodies and psyche are not yet fully matured.

I shall cite some figures, because these are part of our ammunition:

- The Pill is generally quoted as being about 99% effective in avoiding pregnancy (99.6 is a standard figure).
- Condoms are "98% effective if used correctly"<sup>2</sup>.
- Figures such as these are taken from well motivated adults but they are applied to children and assumed by parents.
- What they are not being told is that, for children, such wishful figures are irrelevant.

I mentioned at the beginning of this talk that it was the Royal College of Obstetricians and Gynaecologists who persuaded the government to introduce widespread contraceptive sex education. In its report, the following failure rates are given for contraceptive use among the under twenties:

- An 11% failure rate for the Pill during one year
- And a 14% failure rate for the use of condoms, again over one year.

Now it's obvious that the longer you are exposed to a danger, the more likely it is that the danger happens. It's also obvious that, once a child is weaned into active sexual behaviour, it is likely to continue behaving in this way and need protection over a number of years.

If you extrapolate an annual Pill failure rate of 11% over five years, you get 44%, or a 2/5 chance of pregnancy. If you do likewise to condom failure of 14%, 53% will fail over five years, which is over half. I stress that these figures are given in a document prepared for government to persuade them to take on contraception. These are "best figures".

In practice, some 20% of 12-18 year old Pill users fall pregnant in 6 months, or so another study says<sup>3</sup>. It is actually very difficult to get proper figures, because young people are haphazard in their use of contraception, and the boundaries of when they are using it are difficult to define. What is certain is that

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<sup>2</sup> *Teenage Pregnancy*, report by the Social Exclusion Unit, 1999.

<sup>3</sup> taken from Facts taken from the Teen Care Centre,  
[http://www.philadelphiapregnancy.org/factsheets/Contraceptive\\_teens.pdf](http://www.philadelphiapregnancy.org/factsheets/Contraceptive_teens.pdf)

youngsters know about contraception, and the large majority of those who become pregnant have used it at some point.

Why is it that young people are so bad at it? There are many reasons: children forget to wash their teeth. They don't like pills and are embarrassed to go to a clinic. They aren't in regular relationships which allow for advance planning. They may have been drunk when intercourse happened. A few may have wanted to become pregnant. Often children deny the relationships that they are in, to themselves as well as to other people. The fact is that, despite all the care schools take to assure them to the contrary, most children feel instinctively guilty about having sexual relationships.

Actually, it doesn't matter if it's the Pill that fails or the user who fails to take the Pill: the effect is the same. Sex educationalists are baffled by it – but at the same time they use teenage failure as an excuse to start teaching sex earlier and earlier.

### **Adolescent brain development**

Sex educationalists' bafflement can now be explained using brain scan technology. Introduced in the 1990s, this enables scientists to see how the brain works and how it develops, physically.

Study of the adolescent brain has produced some of the most remarkable results. Between the ages of 12 and 25 the brain has a surge in growth and reorganisation. We now know that the capacity for joined up strategic thinking is only completed by the late age of 24 or 25. Note that this is some ten years after school children are being led to make "responsible" decisions on their own which will affect the rest of their lives.

Not surprisingly, young people are geared for taking risks, and they gain much more satisfaction from peer group approval that at any other time in their lives, older or younger. Also, because their brains are growing so fast, they don't always operate with consistency. We have at last a physical explanation for familiar teenage behaviour.

And we can say with full assurance that no sex education classes aged 5 are going to change it.

### **Health risks of hormonal contraception**

I shall now touch very briefly on a subject which is also critical but is skated over in official documents, and that is the health risks of hormonal contraception. I mentioned earlier Dr Ellen Grant and her passionate claim that the Pill was invented for mature women and not for girls whose bodies were not yet fully grown. She also makes clear that there is no new hormonal Pill to discover. Back then, through the '60s, they tried every concoction, experimenting with as little drug as possible to do the trick. But the fact is fertility is natural to the human body, and you cannot override an intrinsic part of womanhood without a strong and most unnatural drug. It is common sense that any such drug is going to have side effects.

You will have heard about cancer and heart risks. You may not have heard about Dr Erik Odeblad's work. I remember going to a lecture of his when he admitted to spending most of his professional life on one organ about an inch long. Now if you study an inch-long organ for about 50 years you know a lot about that organ. Dr Odeblad tells us that the cervix, which produces the mucus necessary for fertility, ages and becomes less fertile as the years roll by. However, its action is renewed with pregnancy, which is why a woman who has already had children finds it much easier to become pregnant in middle age than

a barren woman. The Pill, by contrast, ages the cervix, so a young woman who has been on the Pill can have the cervix of a much older woman. Once she comes off the Pill, the cervix may revive but sometimes it doesn't and her fertility can be badly damaged.

I shall sum up the possible health risks of the Pill in the words of an Oxford doctor. Michael Gillman was the expert who wrote in the much cited textbook, *Contraception: Science and Practice*. This textbook was the one and only scientific document quoted in the RCOG's report urging the government to make the Pill widely available to teenagers and instruct them in its use. This is what he said:

"It is now more than 25 years since oral contraceptives became available for general clinical use. During this time our state of knowledge about their metabolic effects, and in particular our understanding of the relationship between metabolic and side-effects, both beneficial and adverse, has progressed from a state of profound ignorance to one of relative ignorance. In view of the fact that oral contraceptive steroids have been more widely studied than almost any other drugs, this may seem to be an unduly pessimistic statement. It is, however, sadly true that we remain uncertain of the significance of many of the metabolic effects that have been observed when these potent drugs are administered to healthy young women."<sup>4</sup>

### Sexually Transmitted Infections (STIs)

If condoms have a high failure rate in preventing pregnancy, despite the fact that women are only fertile for a few days each month, it stands to reason that they will be suspect against STIs which can pass at any time of the month.

In the year 2000, a major workshop was held in the US on STIs and condom use. It was attended by 180 delegates, and took into account numerous peer reviewed articles. Twenty-eight experts produced a report published at the highest level. The only firm conclusions that it came to were that condoms reduce HIV risk by 85% and can reduce gonococcal infections in men. There was not enough evidence to say if they have any effect on common STIs such as Chlamydia, Herpes, HPV<sup>5</sup>.

This is not what children are being told, even in Catholic Schools. Put on a condom and you'll be all right. With or without a condom, STI rates among the young have soared, and these are only reported cases. STIs can affect a young person for life, and they can cause later infertility. They are a serious curse.

### Infiltrated by ideology

It is bad enough that SRE is based on the use of contraceptives which are known to fail and to have serious side-effects. What makes SRE additionally dangerous is that so much of it has been infiltrated by hedonistic ideology and by homosexual propaganda. Right back in 1991 the Royal College of Obstetricians and Gynaecologists was saying:

"We believe that [sex education] would lead to a more open and less guilt-ridden attitude to sexuality that, in turn, would result in the better use of contraception and a reduction in both unplanned and unwanted pregnancies.

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<sup>4</sup> "Practical prescribing of the combined oral contraceptive pill", by Michael D G Gillmer, Consultant Obstetrician and Gynaecologist, John Radcliffe Hospital, Oxford, in *Contraception, Science and Practice* (Butterworths) 1989.

<sup>5</sup> From the witness statement by Dr John McLean in the High Court of Justice, CO/5307/2004.



Their report goes on to say that to use contraception effectively couples have to believe their sexual behaviour legitimate. Sex education has been designed from the beginning to mould attitudes. This has become increasingly explicit over the years. It is true to say that much sex education is now governed by homosexuals.

### **SRE affects rest of PSHE**

The destruction wrought by contraceptive sex education does not rest there. Every other aspect of PSHE warns children off inappropriate behaviour – in sex education alone do schools say: we know you're going to do it, so here's something to make it better.

This approach undermines the rest of PSHE. It has led to the muddle of *values clarification*, which was built up around self-determination of sexual morality.

It undermines the good behaviour supposedly fostered by PSHE in another way too. Sex is no certain ticket to happiness, or even to pleasure. Rather it is a finely tuned instrument which, if wrongly used, can lead to problems of a gigantic order. This is so for adults. No wonder we see sexually active children abusing drugs, alcohol and more besides. A new element is appearing as a PSHE target: understanding depression.

### **Vulnerability of our opponents**

Because bodies such as the Sex Education Forum have a hold on the government and on the media, it is easy to miss that their cupboard is bare. They have nothing new to offer. They have run out of ideas.

The Pill hasn't developed in decades. Nor have condoms. If there have been any movements, it has been in giving greater emphasis to long-lasting hormonal contraceptives – the Pill delivered in a different forms. But even these have been around for a long time and also have serious side-effects.

The only answer has been to produce sex education younger and younger, in an increasingly explicit way. And then to bewail the fact that children's behaviour is generally getting worse. Sex educationalists have been able to get away with this because PSHE is not measured by results but in tick box fashion, making sure that subjects are covered.

While the sex educational establishment is in effect imploding upon itself, science has moved on, and to our advantage. The whole contraceptive mentality is becoming increasingly out of step with the green movement. We even have the Pill poisoning rivers, damaging not only fish but also male fertility and perhaps causing prostate cancer. One can envisage passive Pill-taking becoming a cry alongside passive smoking. Set against this, we now have good teaching methods to enable couples to manage their fertility naturally, making contraception redundant. For instance, there are some 40,000 NFP teachers in Communist one-child policy China.

There is also a huge amount of data emerging on the benefits of marriage not only to children but also to the spouses themselves. They live longer, happier lives, and they are also richer. What's more, if young people live chastity, there is every chance that their marriages will succeed. Not to teach marriage in effect embeds social disadvantage.

And then there is the new understanding of the brain, which shows up much more than why young people and contraception don't match. We are discovering that the unitive aspect of the sexual act is

exactly that – sex releases chemicals which unite couples together in a physical way. If you muck about with different sexual partners you lose the capacity to bond.

I hope that you are beginning to catch my excitement. If only we can seize it, truth is now clearly on our side. We have in PSHE a ready vehicle through which to convey it and not only to Catholic children, but to all children of any faith and none.

### *Alive to the World*

How does one teach whole person PSHE? In *Alive to the World*, we focus on success: what makes for success in building the future adult. In effect, we are teaching the virtues in a modern context. The way we do it is by telling stories. Stories capture children's interest, and you can also bring to life particular situations which are memorable and can be discussed from many angles. Aesop did it, and so did Our Lord.

There is a bigger problem on sex education. The Church tells us that parents have an "inalienable right and duty" to educate their own children. However, most parents today are only too happy to let schools get on with the job, and in any case many don't know or follow the Church's teaching.

My solution is to prepare stories extra to our books to help parents in their task. It seems to me that there are two ways to get at Catholic teaching on sexuality: one is from God down, which can be daunting to the parent who believes in contraception or who is not Catholic, and the other is from the body up. The advantage of the latter is that it applies to everybody, and God has seen to it that biology illustrates Church teaching beautifully.

### **Partnership**

The task ahead of us is mammoth. The sums of money and vested interests tied up in the present contraceptive regime cannot be overstated. We are small tugs attempting to turn round a supertanker. It means everybody working bravely together: all of us, in our parishes, in our families, in our schools, and also, very importantly, in the public square.

Alone we cannot do it. With God on our side, nothing can stop us.

*Many of the thoughts in this address are substantiated in Louise's [Response to the Department of Education on PSHE](#), November 2011 [mounted on the Reports page of [www.alivetotheworld.co.uk](http://www.alivetotheworld.co.uk)]. Her Sex Education materials will be published by Gracewing early in 2013.*