

## METIS Information Sheet – Referred Correspondence

Deadline if this becomes a draft or direct reply: 11/12/2006 4:00:00 p.m. Document No: 166297

BUSINESS UNIT ATTN: \_\_\_\_\_ PLL \_\_\_\_\_

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## DOCUMENT DETAILS:

Subject: ORIG - 166297 - Health in the draft curriculum.

Date of letter: 17/10/2006 2:49:31 p.m.

Referred for  
record/action from: Hon Steve Maharey

Date Received in MO: 10/11/2006 2:49:31 p.m.

Date Received in MU: 13/11/2006 4:30:00 p.m.

Linked Ministerial[s]: 165370

## CORRESPONDENT DETAILS:

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Designation [if applic]:

Organisation: Kate Cassin

*NOTE: If the Correspondent is not from an organisation, this field will repeat their name.*

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NOTES:

## REMINDER:

Contact your support officer if a cancellation or extension is required.

Approver Signature:

Position:

Date Approved:

PL 166297

Indel - 166590

13 October 2006

Kate Cassin  
211 Ellett Road  
Karaka  
RD 1  
South Auckland

Dear Kate Cassin

The Minister of Education, Hon Steve Maharey, has asked me to thank you for your comments on the draft curriculum.

Your comments have been passed to the Minister, and also to officials at the Ministry of Education, so that your comments can be included in the submissions process.

Yours sincerely

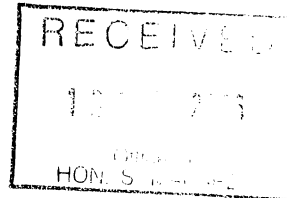
J. W. —

Josh Williams  
Private Secretary (Education)



211 Ellett Rd  
Karaka  
South Auckland RD 1

Hon Steve Maharey  
Minster of Education  
Parliament Buildings  
Wellington



17/10/06

RE; THE NZ CURRICULUM DRAFT FOR CONSULTATION 2006

Dear Mr Maharey,

Thank you for accepting submissions for the NZ curriculum.

I have an interest in the education and future wellbeing of our young people. After researching an area of concern; HEALTH EDUCATION, I have cited some areas of personal unease. I believe it is important for me to share this information with you in the hope you receive it with careful consideration.

Please find attached relevant research for your perusal.

God bless

A handwritten signature in black ink, appearing to be "Kate Cassin".

Kate Cassin

Std. Cassin.

THE LEGAL MAIL SERVICE	
NO. <b>MOE</b>	
DATE REQUIRED	
PRIORITY 1-10 WORKING DAYS	
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SPECIFIED DATE	
DATE DELIVERED	

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cc; copy sent to Mr Bill English

## HEALTH EDUCATION – nz curriculum draft for consultation 2006

– reproductive health and positive sexuality.  
by Kate Cassin

Condoms are no longer a safe sex tool; new research reveals this fact.

Hundreds of thousands of NZ school students must be told the truth about safe sex. We must reduce record levels of sexually transmitted diseases among our young people. Studies conducted over the past few years show that, condoms offer practically zero effective protections from most sexually transmitted diseases and infections such as Chlamydia, genital warts, herpes or gonorrhoea, apart from HIV.

### **Chlamydia/ Gonorrhea/ Herpes:**

still a 60% chance of catching it even if a condom is correctly used every time.

### **Genital warts:**

No published study has found condoms can protect against this at all.

High school kids are putting on condoms because the health authorities are telling them “safe sex – wear a condom” instead of being told the truth; the fact is they still have a very high risk of catching something.

The **Hubba website has dangerously incorrect information** for young people suggesting; “Are condoms safe? Condoms do protect you”

NZ public health campaigns like “No Rubba No Hubba Hubba” website ignore scientific research that confirm condoms do not protect against the rise in sexually transmitted infections relating to the encouragement of condoms as a safe sex tool, when in fact they’re not safe.

CONDOMS are not hugely effective in preventing a variety of sexually transmitted diseases from Human Papilloma Virus linked to more than 90% of cases of cervical cancer and also cause infertility and herpes.

HIV is the only sexually transmitted disease that condoms will offer some protection against.

We must address this problem and warn our teenagers about these consequences especially the current Auckland Chlamydia epidemic which is six times higher than the Australian average.

## LET'S LEARN FROM WHAT'S HAPPENED IN U.K.

In 1998, the English government planned to reduce teenage pregnancies aiming to halve under 18 conceptions by 2010 and spent 163 million pounds setting up a TEENAGE PREGNANCY UNIT.

Official Statistics show that a rising number of girls under 14 are becoming pregnant. Pregnancies among under 18 has risen from 38,439 in 2001 to 39,286 in 2002, of which 46% were aborted

Official statistics show a rising number of girls under 14 becoming pregnant. Sexually transmitted diseases have risen 62% under 19 y/o from 25,143 cases in 1997 to 40,821 cases in 2002.

The report, from the Family Education Trust says that "**explicit sex education leaflets and free condoms provided to under age girls by govt schemes have simply encouraged them to have sex.**" The Teenage Pregnancy Unit promoted a strategy to make the morning-after pill, condoms and sex education more easily available.

Now the minister is back tracking in it's drive to cut teenage pregnancies. Instead of pushing contraceptive methods, students are being persuaded to delay their first sexual encounter, the 'LEAVE IT TILL LATER' campaign will encourage restraint.

Evidence that **early sex is associated with high levels of regret, poor use of contraception and pregnancy before 18** was the reason that Teenage Pregnancy Unit, LEAVE IT TILL LATER, campaign has been born.

To reduce teenage sexually transmitted diseases and pregnancies we must adopt a similar campaign here in New Zealand

Now that we have this new research it is our duty to protect our children from the long term, devastating consequences of sexually transmitted diseases.

We must stop teaching our children to use condoms as a safe sex tool. If we don't, we will be guilty of the consequences of their actions. These being; sterility, lack of fertility, abortion, not to mention the trauma associated with abortion. All these costs, will be burdened by the taxpayer, not to mention the human cost. All will be on our shoulders. We have an opportunity to make a change now. I encourage you to do so, and speak up.

## WHAT THE STUDIES SAY

WORLD HEALTH ORGANISATION BULLETIN, June 04: "No published prospective study has found protection against genital human papillomavirus (cervical cancer/warts/HPV) infection"

JOURNAL OF SEXUALLY TRANSMITTED DISEASES, 2003; 30: 273-9: A study of 917 female sex workers in Lima, Peru, were re-examined monthly for STDs. Those women who consistently used condoms still had a chlamydia infection rate of 7.4% compared to the infection rate of women who didn't use condoms

AMERICAN JOURNAL OF PUBLIC HEALTH, 2003; 93: 901-2: A study of 380 American girls aged 14 to 18 over six months revealed that 30% of the girls who did not use condoms had caught a sexually transmitted disease by the end of six months, as had 17.8% of the girls who always used condoms

AIDS, 2001; 15: 2171-9: A study of 17,264 adults in the town of Rakai, Uganda, over four years, measured STD infection rates in the population and the effectiveness of condoms. Only 4.4% (760 people) had always used condoms. Of those people, consistent condom use only resulted in a 29% reduction in syphilis infections, and a 50% reduction in chlamydia and gonorrhea. The prevalence of the STDs trichomoniasis and vaginosis "were not reduced". Even with HIV, the disease the condoms are most effective at preventing, the infection rate was still 37% of the rate of those who didn't use condoms

JOURNAL OF SEXUALLY TRANSMITTED DISEASES, 2002; 29: 723-35: A meta-analysis of 20 studies "found no evidence that condoms were effective against genital HPV infection", warts or cervical cancer

AMERICAN JOURNAL OF EPIDEMIOLOGY, 2003; 157: 218-26: A study of 444 female university students found "that consistently using condoms with a new partner was not associated with significant protection against HPV"

AMERICAN JOURNAL OF EPIDEMIOLOGY, 2004; 159: 242-51: A study of 4314 participants who visited STD clinics found consistent use of condoms still resulted in an infection rate of 82% compared against those who didn't use condoms

JOURNAL OF INFECTIOUS DISEASES, 1999; 180: 1624-31: A study followed the progress of 484 adolescents at four STD clinics over six months, and found 21% of those who always used condoms had caught a sexually transmitted disease, compared with 23% of those who sometimes or never used a condom (a 91% risk of infection, group vs group)

JOURNAL OF SEXUALLY TRANSMITTED DISEASES, 1995; 22: 15-21: A study of 598 people attending an STD clinic in Baltimore found infection rates were almost the same, regardless of whether a condom was always used or not

# Just say no - ministers about turn in drive to cut teenage pregnancies

**Julie Henry, Education Correspondent**

(Filed: 15/10/2006)

They have been handed morning-after pills by school nurses and given explicit sex guides to teach them how to use condoms. But now, in a radical change of direction by the Government in its drive to cut teenage pregnancies, young people are to be told not to have sex – at least not until they are over 16.

The latest strategy by the Teenage Pregnancy Unit will attempt to persuade teenagers to delay their first sexual encounters. In a marked departure from the damage-limitation approach to sex, the Leave It Till Later campaign will extol the virtues of restraint – if not quite those of abstinence.

The change of tack follows an admission by the Prime Minister this year that the Government had made limited progress with the £163 million spent since 1998 trying to tackle teenage pregnancy. It follows on from the success of the Silver Ring Thing initiative, in which 20,000 teenagers in the United States and Britain have vowed to remain virgins until marriage, wearing a silver ring to show their commitment. Such approaches avoid talking to teenagers about contraception, on the grounds that it gives a conflicting message.

Official statistics show that a rising number of girls under 14 are becoming pregnant, and while the under-18 pregnancy rate has fallen by 11 per cent, the Government missed its target of cutting it by 15 per cent from its 1998 level. It is also likely to be woefully short of the target to halve teenage pregnancies by 2010.

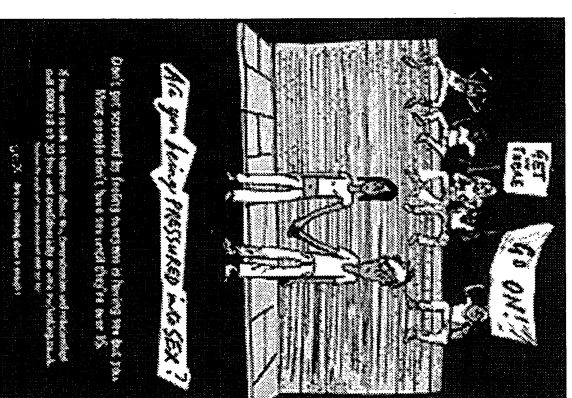
Research from Nottingham -University has shown that some areas where ever-younger children are given easy access to family planning – in one case, a nurse gave a schoolgirl a contraceptive jab in the lavatory of a McDonald's – pregnancy rates have remained stubbornly high or have even risen. Barnet, Bar-king and Dag-en-ham, Haringey, Torbay and Blackpool have all seen their rates increase.

Sexual infections have also grown to "epidemic proportions". Last year doctors reported that chlamydia cases had surpassed 100,000 for the first time, calling into question the efficacy of the "use a condom" message.

According to the Teenage Pregnancy Unit, Leave it Till Later has been born out of evidence that early sex is associated with high levels of regret, poor use of contraception and – surprise – pregnancy before 18.

"What is striking is the consensus between young people and parents that sex under 16 is too young," said its autumn strategy document. "Promotion of the benefits of delaying early sex will be an integral part of providing information and sex and relationship education."

As well as a national media campaign, school nurses, teachers and youth workers will receive training in pushing the wisdom of waiting. Even worried parents who ring the Parentline Plus helpline will be given coaching in how to talk to their children about the benefits of delaying sex.



Jo Adams, the consultant who runs the unit's training programme, said: "We are actively supporting young people to delay it, while continuing to offer sexual health services if they are having sex."

"Teenagers need to develop the skills and confidence to be able to say 'No'. We need to challenge the assumption – made by adults as well as youngsters – that everybody is having sex under the age of 16."

Miss Adams insisted that the new campaign was a natural extension to early measures to help teenagers avoid peer pressure.

She is also at pains to point out that this is not an abstinence campaign. "It is not 'Just say no'," she said. "It is about reinforcing this message that it is 'Your choice, your body and your life, but you can withstand the pressures that might force you into having sex before you are ready'."

The distinction will disappoint many who argue that the moral message hammered home in abstinence movements such as the Silver Ring Thing is reaping results.

Mary Brett, who teaches personal, health and social education at Dr Challoner's Grammar School in Buckinghamshire, said that the Leave it Till Later campaign was at least a step in the right direction.

"I hope it is a sign that the Government is seeing sense," she said.

"It is common sense after all, given the health and emotional risks of early sex. Any parent I have ever talked to does not want their children having early sex."

"I don't know why the unit finds that a 'striking' fact."

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# £150m plan has failed to cut teenage pregnancies

By Sarah Womack, Social Affairs Correspondent

Last Updated: 1:34am GMT 24/02/2006

The £150 million campaign to reduce pregnancies among young girls has been an embarrassing failure, figures showed yesterday, with ministers under pressure to close the discredited Teenage Pregnancy Unit.

Official statistics show a rising number of girls under 14 becoming pregnant and experts said the Government missed its target of cutting the under-18 pregnancy rate by 15 per cent from its 1998 level.

It was also on course to miss its ambitious target of halving teenage pregnancies by 2010, probably achieving a reduction of about 17 per cent.

advertisement David Paton, professor of economics at Nottingham University Business School, said: "The taxpayers' money spent by the Teenage Pregnancy Unit seems to have had no impact. The Government should look closely at the unit's future. Closing it should be seriously thought about."

But Beverly Hughes, the minister for children, young people and families, defended the Government's strategy of making the morning-after pill, condoms and sex education more easily available.

She said she was particularly pleased with the "significant reduction" in the conception rates for younger teenagers. There had been an overall decline of 15.2 per cent in conceptions for under-16s since 1998, she said. The decline for under-18s was 11 per cent - short of the 15 per cent interim target.

"Our teenage pregnancy strategy focuses on deprived areas with high rates of conceptions, so I am also pleased that overall it is high-rate areas that have shown most progress."

Gill Frances, the chairman of the Independent Advisory Group on Teenage Pregnancy, said reducing teenage pregnancy was a complex issue which would take a long time to resolve. "Rates are showing a firm downward trend which is very encouraging but there are still some areas where more needs to be done."

The figures showed a fall of only one per cent in the under-18 pregnancy rate and six per cent in under-16s.

The number of children under 14 becoming pregnant rose from 334 in 2003 to 341 in 2004. Sixty per cent of those had an abortion.

Critics said the fall in pregnancy "rates" - the number of pregnancies per thousand - could be attributed in part to an increasing population. This includes a large number of Muslim families where teenage pregnancy is rare.

In 2004, a total of 13,616 girls of 16 became pregnant compared to 13,303 in 2003 and 45 per cent of those had an abortion. Among 17-year-olds, rates also showed an increase, from 20,835 to 20,921, and 41 per cent had an abortion.

The pregnancy figures dropped among 14-year-olds (from 1,888 to 1,751) and 15-year-olds (5,802 to 5,521).

Prof Paton said: "The money the Government has spent does not seem to have brought about the results it had hoped for. Conception rates were falling fast among the under 18s in 1998 but over the past three years the rate of decrease has slowed.

"Most of the measures that have been introduced have had no effect on conception rates at all."

But Jan Barlow, the chief executive of Brook, the sexual health charity, said that taken overall, the figures showed real progress was being made.

Norman Wells, of the Family Education Trust, said the Government needed to learn from America, where the promotion of sexual abstinence and chastity made a great contribution to a sustained reduction in teenage pregnancy rates.

A record 22,700 women over 40 in England and Wales became pregnant in 2004. The six per cent increase reported by the Office for National Statistics is partly down to the success of fertility treatment.

In the 1980s doctors regarded pregnant women over 30 as geriatric mothers but the term now used is "elderly prima gravida" (older mother, first baby) for anyone over 35. In most areas a woman becomes an older mother at 37.

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# Sex guide is 'too explicit' for schools

**Julie Henry, Education Correspondent**

Last Updated: 11:44pm GMT 11/02/2006

Parents have demanded the removal from schools of a sex education study guide that gives "shockingly explicit" details to children.

The book, produced by one of the largest education publishers in Britain, Coordination Group Publications, is used by thousands of secondary schools to teach personal, social and health education (PSHE).

All the topics in the 60-page guide, including safer sex and pregnancy, are recommended in national guidelines but the level of detail and the "chatty" style used has brought condemnation from some parents, who claim that it trivialises sex.

advertisement In one chapter it says: "There's no accounting for taste. Not everyone likes oral sex. Not everyone likes ham and cheese sarnies, either." It goes on to recommend using cling film to prevent catching sexually transmitted diseases.

It also suggests that pupils engage in "sexual touching, talking dirty face to face or on the phone, even sexy e-mails and text messages" as a "warm-up" to sexual intercourse.

Other comments, including some for example on penis size, are too distasteful to reproduce.

The £4.50 guide, which has sold 60,000 copies and is aimed at 14- to 16-year-olds, derides schoolwork and says "this stuff's far more useful to you (and more relevant) than all the subjects you'll do in your exams".

In a discussion about anal sex, it explains that "some people like it because it stimulates the prostate gland in men, causing sexual pleasure. Some women like it too".

Jacqui Davies, a mother of two teenage boys from Kent, found the guide in her son's bag and has written to the head teacher of the independent school to ask for it to be withdrawn.

"I was absolutely horrified," she said. "I had no idea that this kind of material was being covered and speaking to other parents, neither were they. The matey and flippant style sends such a mixed message. The majority of 14-year-olds are not having sex, so why should they be made to read this stuff?" National guidelines on PHSE, which is taught in most secondary schools, simply say that teenagers should be told about "the health risks of alcohol, tobacco and other drug use, early sexual activity, contraception and pregnancy, different food choices and sunbathing".

Simon Cook, a spokesman for Coordination Group Publications, defended the guide. "It discusses serious issues and gives sensible advice in an accessible style that young people can understand," he said. "Not everyone may appreciate the chatty style, but it helps to demystify the subject."

The guide is one of a number that can be bought by schools which have upset parents and religious groups because of their explicit content. Under the approach of "value-free" sex education, the material emphasises pupils' right to choose, and safe sex, rather than promoting abstinence or emphasising that underage sex is illegal.

Nick Seaton, of the Campaign for Real Education, said: "Most parents will be disgusted that their children are learning about sex from these type of guides. It is demeaning, dumbed-down and should be removed from the classroom."

A new official report calls for sex education to be compulsory for all children in primary as well as secondary school, and that detailed discussion of sex should start at 11. Ministers are considering the advice from the Independent Advisory Group on Sexual Health and the Teenage Pregnancy Group.

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# A new message for teenagers: don't have sex

By Julie Henry, Education Correspondent

Last Updated: 11:54pm GMT 05/11/2005

Mutters of "gross" spread like wildfire as the photograph of some very unhealthy looking genitals appear, giant-sized, on the overhead projector.

This is gonorrhoea, the class of Year 10s is told, and the best way to avoid contracting it, and its stablemates, syphilis, chlamydia, herpes, genital warts and HIV/Aids, is: "Repeat after me - don't have sex."

Jay Walters, 14, stares at the picture without embarrassment and seems convinced. "Now we are all too scared to have sex because we don't want to catch it," he grimaces, his braces showing.

If the lesson was being held in certain states in America, where hard-liners believe any talk of contraception dilutes the abstinence message, this is where it would end.

At Haywood High, a 900-pupil secondary serving some of the most deprived areas of Hereford, however, the A of abstinence is followed by B, which stands for "be faithful to one partner", and C - "condoms reduce risk".

The school is following a programme developed by Oasis Esteem, a Christian charity which has 200 teachers providing sex education to more than 20,000 pupils in schools, mainly in the Midlands.

advertisement It is popular, it says, because it occupies the middle ground between two entrenched camps. On one side there is the Teenage Pregnancy Unit, the agency set up in 1998 to spearhead the Government's £163 million drive to halve under-18 conceptions by 2010.

It has had limited success but the most recent figures have shown the proportion of 13- to 15-year-old pregnancies has actually risen by 2.5 per cent to 8,075. Sexual infections have also mushroomed to "epidemic proportions" according to doctors, who reported that chlamydia cases surpassed 100,000 for the first time this year.

Despite this, the unit and its supporters regard abstinence as a dirty word. The only reference to it on the unit website is a report entitled: "Just Say No! To Abstinence Education". It argues that the approach is unrealistic, ignores the fact that some teenagers do have sex, and fails to protect young people from pregnancy and disease.

On the other side, traditionalists and religious groups are appalled at the value-free, damage-limitation approach to sex education. They argue it starts from the premise that all teenagers are having sex, so give them the consequence-free means to get on with it, even describe it for them in detail to help them along.

Using the ABC method, which the World Health Organisation promotes to slow the spread of HIV/Aids in Africa, Oasis Esteem seems to fulfil the "wait until you are married or at least in a stable relationship" demand of the traditionalists but also the "just use a condom" message of the liberal Left.

The middle-ground seems to suit schools, which as the Sunday Telegraph revealed last week, could soon be held to account under new plans to collate the teenage pregnancy rates in their catchment areas.

It also suits parents, who are relieved someone else is taking the responsibility and yet fear - while children need to know - that the pendulum has swung too far.

Karin Cooke, the Oasis Esteem educator who gives the fast-paced classes at Haywood High, was stopped in Tesco recently by a mother with a son at the school who shook her hand and said: "I knew he needed to be told, but I didn't know how to tell him."



Straight talking: Karin Cooke talks to pupils at Haywood High School

Known in the playground as "the sex lady", Mrs Cooke insists there is no contradiction in the ABC message: "Young people need to know all the facts, including contraception and where to get help. They also need to think about what they are doing.

"The popularity of No Sex Please, We're Teenagers [a BBC programme where youngsters pledged not to have sex for five months] shows that abstinence does have a place."

Pupils' discussions after the lesson, however, reveal the uphill struggle educators face, when the only comment about a girl who had to leave the school to have a child was "if she's happy, it doesn't matter".

It also reveals the confusion that arises when the message of restraint is superimposed on today's sexualised, instant-pleasure culture.

"They talk about getting tested before you have sex, and waiting until you know and love the person, but what if you are in a club and you meet a woman and she wants to have sex," says Jay. "You're going to do it. If you wait, she'll be gone."

And would you wear a condom? "If she asked me to," says the teenager hesitantly.

"You've never been in that position," says Rachel Maund, 14, scornfully. She estimates that half the class might have had sex but adds: "Some just say they have because their mates have." Kirsty Morgan, 14, however, is clear about her stance: "I'm a virgin," the teenager says defiantly, "and I'm going to stay that way."

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# Teen pregnancies increase after sex education classes

By David Bamber Home Affairs Editor

Last Updated: 12:02am GMT 14/03/2004

Teenage pregnancies have risen fastest in areas of the country where the Government has specifically targeted resources to reduce them, a new survey has revealed.

The report, to be published tomorrow, says that the explicit sex education leaflets and free condoms provided to under-age girls by the Government schemes have simply encouraged them to have sex.

The report, *Sex Education or Indoctrination?*, from the Family Education Trust, an independent think-tank, claims that there is a direct link between giving young people such sex education and a rise in live births.

advertisement Official figures released last week showed that teenage pregnancies in England rose year-on-year by more than 800, despite the £15 million spent by the Government on strategies to reduce them.

There has also been a 62 per cent increase in the number of cases of sexually transmitted diseases among young people aged 19 and under, rising from 25,143 cases in 1997 to 40,821 in 2002.

The Government's Teenage Pregnancy Unit, established in 1999, said that pregnancies among under-18s rose from 38,439 in 2001, of which 46 per cent were aborted, to 39,286 in 2002. Abortion statistics for 2002 are not yet available. The figures relate to pregnancies among 15- to 17-year-olds - no national statistics are kept on girls of 14 and below.

Teenage pregnancy rates in Britain remain the highest in western Europe. One in every 10 babies born in England is to a teenage mother.

The Government's aim is to reduce teenage pregnancies by 50 per cent by 2010, with an interim target of a 15 per cent reduction by the end of this year.

The Family Education Trust report analyses areas where the Teenage Pregnancy Unit have set up programmes to reduce the number of girls falling pregnant. The unit's strategy involves more explicit sex education in schools, often conducted by nurses without teachers present; free condoms; and sending birthday cards when girls reach 14 asking them to attend confidential health checks without their parents.

The trust discovered, however, that in most places the strategy had backfired. According to the Government figures, one target area, Cornwall, saw a 17 per cent rise in teenage pregnancies between 2001 and 2002 (from 306 to 359); Torbay rose 22 per cent (from 92 to 113); and Haringey eight per cent (from 281 to 310). In York teenage pregnancies rose by 34 per cent (from 93 to 125) over the same period and in Solihull by 17 per cent (from 121 to 142).

In some targeted areas, there was a decrease. In Rotherham pregnancies decreased by eight per cent (from 258 to 235) and in Bury by three per cent (from 156 to 150).

The author of the report, Valerie Riches, a former social worker, said: "The Government's teenage pregnancy strategy is based on the premise that it is unrealistic to expect young people to abstain from sex. They have embarked on a damage-limitation exercise dependent on condom use and the use of the morning-after pill.

"The figures show, however, that it might be wiser to support the majority in abstinence and demonstrate to the minority the physical, emotional and psychological benefits of delaying sex until marriage."

She is deeply critical of the material used by the Teenage Pregnancy Unit, especially of a guide for girls produced by the Family Planning Association, a charity that is partly funded by the Government.

One guide, called "4 Girls", tells teenagers how to obtain contraception, explains sexually transmitted diseases, and gives reassuring advice about sex. Another leaflet tells young girls: "Contraceptive advice and supplies are

free to everyone. It doesn't matter how old you are . . . there's no right age to have sex."

Mrs Riches said: "The Family Planning Association sows confusion in a child's mind about right and wrong and presents only one moral absolute - the use of condoms."

The report points out that the promotion of abstinence among young people in America has led to a drop in teenage pregnancies by 10 per cent.

Anne Weyman, the chief executive of the FPA, defended her charity's advice. She said: "Good sex and relationships education is most effective as a multi-faceted approach, from within home, school and healthcare settings.

"Studies have shown that abstinence education doesn't work, it makes young people more vulnerable, because they don't have the knowledge to protect themselves against pregnancy or sexually transmitted infections."

A spokesman for Cathy Hamlyn, the head of the Teenage Pregnancy Unit, part of the Department for Education and Skills, said: "The teenage pregnancy strategy is the first cross-government strategy to tackle our unacceptably high rates of teenage pregnancy.

"The strategy helps people to resist pressure to have early sex through improved sex and relationship education and supporting parents in talking to children about these issues."

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## Teenage Pregnancy Unit

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### Welcome to the Teenage Pregnancy Unit Website

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[National Teenage Pregnancy Strategy](#) | [Teenage Pregnancy Co-ordinators](#) | [Local Implementation](#)  
| [Teenage Pregnancy Unit](#) | [Independent Advisory Group](#) | [Frequently Asked Questions](#)

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The Teenage Pregnancy Unit is a cross-Government Unit located within the Department for Education and Skills which was set up to implement the Social Exclusion Unit's report on Teenage Pregnancy. This website contains information about the Government's Teenage Pregnancy Strategy, including guidance issued by the Teenage Pregnancy Unit as well as relevant publications from other Government Departments. There is also information about local implementation of the strategy and details about the Independent Advisory Group on Teenage Pregnancy. Local Teenage Pregnancy Co-ordinators may also logon and communicate with each other online. [log-on](#)

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#### Teenagers, Parents and Students

If you are a teenager looking for advice on sexual health or pregnancy issues, or a parent seeking information on talking to your teenagers about sex, there are many quality websites designed to meet your needs - too many for us to list them all here, but you could start with the sites listed below and they will contain links to others:

##### Teenagers and Young People

[www.brook.org.uk](http://www.brook.org.uk) or ring 0800 018 5023

[www.ruthinking.co.uk](http://www.ruthinking.co.uk) or ring Sexwise 0800 28 29 30

[www.fpa.org.uk](http://www.fpa.org.uk) or ring the Family Planning Association 0845 310 1334

[www.mariestopes.org.uk](http://www.mariestopes.org.uk) or ring Marie Stopes 0845 300 8090

[www.BPAS.org](http://www.BPAS.org) or ring British Pregnancy Advisory Service 08457 30 40 30

##### Parents

[www.parentlineplus.org.uk](http://www.parentlineplus.org.uk)

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Teenage Pregnancy Unit  
DfES  
GD Caxton House  
6-12 Tothill Street  
London SW1H 9NA



# SEX CRIME

*Is the Ministry guilty?*

**The good ship "Safe Sex" is about to hit an iceberg. IAN WISHART goes head to head with the Ministry of Health's Chief Advisor on Population Health, Dr DOUG LUSH, in our punchiest interview, ever**

**INVESTIGATE:** It would appear that the public health campaigns that have been going on have ignored the scientific data now pouring in that condoms will not protect against most STIs, and that the huge rise in STIs may be directly related to the promotion of condoms as a safe sex tool, when in fact they're not safe.

**LUSH:** I think that's wrong, that condoms are a very important part of protecting people from sexually transmitted diseases and have a growing importance in the prevention of STIs and HIV. I haven't seen the particular studies you refer to, however I do know there are problems in some studies in that the reported use and continued use of condoms cannot be verified or validated that these people are using them properly or consistently, and this can lead to the spread, so there are a lot of methodological problems.

**INVESTIGATE:** Yeah, let's spread that the other way though, flip that coin, and you will never be able to prove condoms are effective. If you're going to say condoms are effective 'if they're used correctly' how on earth would you know?

**LUSH:** Have you heard of the Cochrane Collaboration? They did a very vigorous assessment of all the research in an area and they very strongly support the reduction of HIV incidence from condoms. Now HIV is somewhat different from other sexually transmitted infections but the work that's done on HIV shows that condoms are very useful in protecting people from transmission.

**INVESTIGATE:** I'm not going to disagree with you on HIV, I think all the medical studies are showing exactly what you're saying. What I will say to you is that it's the only

sexually transmitted disease that can protect you against. And I will tell categorically.

**LUSH:** Well I would say that that's the case. We know that gonorrhea can be also by the use of condoms, and the evidence of that. Other STIs like herp, it depends on where the herpes is there's variable protection from condoms. syphilis, gonorrhea, chlamydia – the protection from condoms and I'm comfortable with the approach we've used in New Zealand, "No Rubba No Hubba" I know that teenagers are sexually active is a way that they can protect themselves from STIs. It's not a foolproof way but it does reduce the incidence of sexually transmitted diseases.

**INVESTIGATE:** What sort of protection would you expect a condom against chlamydia, gonorrhea or syphilis?

**LUSH:** If they're used consistently, then a very good rate of protection.

**INVESTIGATE:** How would that percentage wise, allowing for the three percent of condoms will resupply, so that's the ultimate sort of rate.

**LUSH:** I know studies have shown the rate is between seven and eight percent in condom use. The physical characteristics of the condom suggest that we know that cause STIs don't pass through a condom, so if a condom is used correctly there won't be any transmission.

**INVESTIGATE:** How would I told you the scientific evidence over five years is showing that, for example there may only be a reduction in

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es of 26% against those who don't use condoms at all. Those who are consistently and regularly using condoms according to the WHO's meta-analysis are still likely to suffer a 74% risk of infection. Would that surprise you?

**LUSH:** That would, and I'd be interested looking at their methodology as to how they validated this.

**INVESTIGATE:** This was a study of 917 sex workers in Peru, published in the *Journal of Sexually Transmitted Diseases*. But even in the best studies the WHO's meta-analysis has pulled together, the chlamydia reduction rate was only 40%, so you're still talking worse odds than Russian Roulette.

**LUSH:** A 40% reduction is a useful reduction. I would see that as a worst case scenario [not the best case].

**INVESTIGATE:** It's useful in the sense of looking at the overall population demographic, it's not so useful if little Johnny or Mary goes out, reading the posters saying condoms are "safe sex", and that's the basic message. Up to 25% of young people in some orchard towns have chlamydia, so that's pretty good odds of catching it over time.

**LUSH:** It is a population approach, but it is so personal protection. And it is valid advice for someone who is sexually active that they should use a condom. The frequency of activity that prostitutes are involved in is very different from adolescents in NZ, as far as frequency of sexual contact. Although there may be some who are very sexually promiscuous, this isn't the norm and you can't really apply those studies to the type of protection you're going to get from condoms.

**INVESTIGATE:** I'll take you through some of these studies because they are fasci-

nating, and they're the only evidence that the medical world actually has. A study of 380 American girls aged 14 to 18, revealed that 30% of the girls who didn't use condoms had caught a sexually transmitted disease by the end of six months, and 17.8% of girls who always used condoms also had caught STDs at the end of that period.

**LUSH:** This is reported condom use, and we see a very dramatic decrease.

**INVESTIGATE:** Well you do, and you don't. At a population level you see a decrease in the percentage, but at a personal level you've got a bunch of kids out there who are putting condoms on because the health authorities are telling them "safe sex – wear a condom", and the truth is they're not being told that "in actual fact you've still got a very high risk you're going to catch something".

**LUSH:** Our message to the youth of NZ, or sexually active people, is that if you want to avoid sexually transmitted infections, then the sure way is not to have sex. However...

**INVESTIGATE:** Where do you say that?

**LUSH:** ... accepting the reality that young people do have sex and they want to protect themselves, using a condom is the best way.

**INVESTIGATE:** Well, are you telling young people though? Because I've looked across the Hubba site and I'll be frank – that site is grossly inaccurate. Even on the Q&A section, "Are condoms safe?", the site arrogantly is suggesting – it lists the STIs "Chlamydia, gonorrhoea, herpes, genital warts" etc – and says "people say these things can get through, but they can't, it's safe". That's what they're saying, and it's a crock! There are something like 40 studies that the World Health Organisation has cited in its *Bulletin*, which

ironically the Ministry of Health referred me to.

**LUSH:** Looking at the site, we have a question "Why aren't you promoting abstinence?" which is a question we are often asked. And I'll read out the response: "The campaign is about supporting choices made by teens, whether that is to have sex or wait. Those who are sexually active need protection to reduce the risk of STIs. Unfortunately many young people don't plan their first sexual experience, and this campaign aims to help young people think realistically and be ready to protect themselves."

**INVESTIGATE:** OK, if this campaign is about making young people think realistically, where is the evidence on your website that you are telling them there is still, for example, an 80% chance they're going to get syphilis?

**LUSH:** There isn't an 80% chance of getting syphilis from a single sexual encounter.

**INVESTIGATE:** Well how many kids are having single encounters and how do we know? This gets back to my question at the start which we don't have an answer to: You do query, and rightly so, that we don't know how well people are using the condoms, or whether they're really using them or whether they're just saying so to please the researcher. But the flip side of that coin is that the health authorities are making the point that a condom properly used will prevent this. But you've got no scientific evidence to back that up either, for exactly the same reason – because you can't get a control group that you can actually prove are doing it right.

**LUSH:** Fortunately we know the way a condom works. It is a direct barrier between the semen and the vagina.

**INVESTIGATE:** Yeah, it's great for preventing pregnancy, but according to the studies it's no good at protecting against most STIs.

**LUSH:** Problems occur both with the validity of reporting and the behavioural aspects. It is hard to conduct because the intimate nature of the activity you're investigating means you can't actually watch what's happening, so you just have to assume people are telling the truth.

**INVESTIGATE:** Exactly! But Doug, here's my point...

**LUSH:** The point of our campaign is that we go into a great lot of detail about the need for people to know how to use condoms properly, and even to practice using condoms, so for young men we would advise them to practice by themselves using condoms, so that when it comes to their first sexual experience they know how to do them, so it's important not just to use them but to know how to use them.

**INVESTIGATE:** I'm going to come back to this question time and time again: how do you know that using a condom the way the Health Ministry recommends will actually achieve the result? I'll tell you why you don't know – there isn't one scientific study in the world that shows it, because there is no control group that you can monitor 24/7 to see whether they're doing it correctly or not. There has not been a study like that, therefore you cannot make the claim that "if you do it right it will protect you". You have no scientific basis for making that claim!

**LUSH:** We have extremely strong support for HIV from these meta-analyses that were done.

**INVESTIGATE:** Yeah, but as you've acknowledged, and I agree, HIV is contained within the semen, effectively, and is therefore trapped by the condom as part of the condom's design to prevent pregnancy. These other diseases are not constructed in such ways, and according to the WHO, according to the *Journal of the American Medical Association*, according to the *British Medical Journal*, and so on and so on and so on, these diseases are getting through.

Yeah, sure, you can sit there and say "well, we don't know how well they're using the condoms or whether they're really reporting them", but the flip side of the coin is, you have no proof that using a condom correctly is going to work anyway, because that scientific study hasn't been done either.

**LUSH:** The studies that you've told me about that you say discredit the value of condoms still have significant differences between those who're using condoms and those who don't. So on that evidence alone it would be



worthwhile to suggest using condoms and promoting condom usage.

**INVESTIGATE:** Well, let's take it through a little bit. I'll start with the World Health Organisation *Bulletin* of June 2004. Quote: "No published prospective study has found protection against genital human papilloma virus (ie, cervical cancer, warts, (HPV) infection".

**LUSH:** Does it say that?

**INVESTIGATE:** It does say that.

**LUSH:** Is that what it reports?

**INVESTIGATE:** I will read you the exact quote: "No published prospective study has found protection against genital human papilloma virus HPV infection".

**LUSH:** And this is in?

**INVESTIGATE:** This is WHO's *Bulletin* June 04. It's in the abstract. I've got a couple of others here. *AIDS Journal* 2001, a study of 17,264 adults in the town of Rakai, Uganda. Consistent condom use resulted in only a 29% reduction in syphilis infections as against the general population, and a 50% reduction in chlamydia and gonorrhoea.

The *Journal of Sexually Transmitted Diseases* 2002, a meta-analysis of 20 studies. Quote: "found no evidence that condoms were effective against genital HPV infection, anal or cervical cancer." Again, that's directly with what's on the Hubba site.

**LUSH:** And the Hubba site is saying you can't see the part where you say we mention the wart virus. I'm looking here and it says

"condoms do work, used correctly and consistently". And they're the key points.

**INVESTIGATE:** Definition of S "Chlamydia, genital warts, herpes, gonorrhoea". Then you've got a question "How can I protect myself against STI". Answer, "Use condoms. Correctly used, used every time you have sex, condoms are the most effective protection against STIs including HIV/AIDS". So you do mention genital warts in there.

**LUSH:** Well I do agree with that statement that condoms are the most effective method of protection we know of. There aren't other effective ways of doing this.

**INVESTIGATE:** I'm not suggesting the Health Ministry simply throws up hands in horror and says "OK, no sex", a that there are those who say it's a good idea to appreciate that you're not going to get a message through to teenagers, but certainly bluffing around and ignoring the reality that condoms won't protect – I mean, let's get it out there are thinking the sex education methods are working. You've got front page stories in the papers that are nothing but inaccurate propaganda. It's like interwoven with all your publicity and has been for a long time. Is it not time that we admitted the Emperor has no clothes, and be investigating a different strategy for young people, because there's nothing on your wall to suggest there's a risk at all?



I think it [the website] implies that to be experienced and consistent in

**STIGATE:** I'll take you to another *American Journal of Epidemiology* 2003, a 444 female university students in the and that "consistently using condoms w partner is not associated with sig-rotection against HPV".

**I:** Yes, but that's not an area that we i in the publicity, we're mainly talk lan op.

**STIGATE:** If you have got a part- may have slept around, may have a really, don't rely on a condom at all, a screening check because there is a l chance that even if you use a con- u're going to catch it. You're not say- but that's what you need to say.

fine to say, "Condoms don't work e pregnancy or HIV. Don't rely on them other protection". Isn't that a better jving kids the right choices to make?

**I:** No I don't believe so at all

**STIGATE:** Why?

**I:** Because condoms are effective.

**ESTIGATE:** Against what? With what are they effective against?

**I:** Syphilis.

**ESTIGATE:** No they're not. The best hat the WHO meta-analysis found a reduction of 20% in syphilis rates, 1% chance of contracting syphilis, so throw that one out the window.

**LUSH:** But again, the methodology in a lot of these is...

**INVESTIGATE:** You still have no scientific evidence to make the claim that a condom, correctly used, will protect you, because as you point out no one has done the 24/7, hidden camera, monitored installation of people having sex. So you can't make that comment hand on heart, and your comment about the studies possibly not reflecting proper condom use is irrelevant, because if you don't know that condoms actually work — even in ideal conditions — then how can you criticize these studies? That's just fobbing it off.

**LUSH:** I will be a bit repetitive here. We do know that the viruses and bacteria that cause STIs do not pass through.

**INVESTIGATE:** You know from a lab test...

**LUSH:** We know that if that physical barrier is in place these infections won't be passed from person to person. We know from the best studies which have been undertaken in people with HIV that there is an 80% reduction. So we know that condoms will also work for other sexually transmitted infections.

**INVESTIGATE:** Such as?

**LUSH:** We have some modest results from the literature, but the methodological problems with reporting and the competence in using condoms means we need to interpret these results carefully.

**INVESTIGATE:** Doug, you're not listening to me, with respect. You're repeating the same thing.

**LUSH:** I told you I'd repeat the same thing. That's my line and that's where we're at with this.

**INVESTIGATE:** But you cannot make this claim. You can't. You have no proof that a correctly-used condom, in the wild, will protect you. The results you have about viruses and bacteria not passing through the latex are lab tests in ideal conditions. But a human body is not an ideal condition. And you don't know, and I don't know, where in fact the bacteria from some of these things actually are on the person, or how easily transferable they are. That may be why the condoms are failing — not because people aren't using them correctly but just because condoms will not actually work in that situation. And you can't point to a piece of research that shows I'm wrong on that.

**LUSH:** I'm not underestimating the complexity in the technique, but there are technical aspects to this.

**INVESTIGATE:** You don't have one single scientific study about using a condom correctly.

**LUSH:** We have extremely good studies.

**INVESTIGATE:** Name one. I have a suspicion after reading the WHO *Bulletin* that one has never been done.

**LUSH:** I'll refer you to the Cochrane Collaboration on condom use, which shows an 80% reduction in HIV incidence.

**INVESTIGATE:** But I agree with you on that. We've talked about HIV. You're not tackling the central issue. Before you can get up and slag off these studies by saying people may be misreporting their condom use, you have to be able to prove the claim that the Ministry of Health repeatedly makes, that a correctly used condom will protect you. Where's the proof?

**LUSH:** A lot of it comes through inference, and a lot of it comes through studies that do show a reduction in transmission.

**INVESTIGATE:** What studies? The ones I'm showing you are not showing a significant reduction in transmission. You've still got, at best, a one in two chance of catching something. That's worse odds than Russian Roulette, significantly worse odds.

**LUSH:** We'll stick with the Cochrane Collaboration and the results for HIV where there has been attention to the methodology. I'd venture to say the methodology on the other ones is problematic.

**INVESTIGATE:** Obviously we're going to be at loggerheads on this one. Is there any plan, on the basis of what I've revealed to you, to review the way the "safe sex" message is publicized in New Zealand, do you accept that the current publicity is flawed?

**LUSH:** No, I don't.



**"Abstinence is something that needs to be considered and that is an option that young people may wish to explore. However there are sexually active people and the best way of protecting themselves is condoms"**

**INVESTIGATE:** Do you accept that it could be potentially flawed?

**LUSH:** I acknowledge that we need to watch what is in the literature and that abstinence is the most risk averse – for the most risk averse, abstinence is something that people might want to consider.

**INVESTIGATE:** What about on your websites and in all your literature, why are you not incorporating the studies that have been around for five years now – and these are the only studies you've got to work with because they're the only studies in the world – that are revealing significant – up to a 100% chance – risks of catching STIs regardless of using a condom. Why is this not on your website, why are teenagers not being told in school, and will you rectify that?

**LUSH:** Teenagers. The aim is to protect

teenagers who are having their first, or infrequent, sexual encounters. We know that the people they're having sex with may well have an STI. There isn't good information on the protection per single episode, but we believe it would give a good level of protection for each single episode, and combined with reporting and treatment of STIs, this is a useful way to protect individuals and the population by reducing rates.

**INVESTIGATE:** Well I've quoted you two studies following teenagers over six months, and even those who consistently used condoms, and in some cases almost exactly the same number of condom-users caught sexually transmitted diseases as those who didn't use condoms. So we're going to be saying the "No Hubba, No Hubba" campaign is an absolute fraud. If you guys don't put this information in there, how can anyone trust what the Ministry of Health says?

**LUSH:** I don't have anything to reply to that, except to say that I'm certainly comfortable with Hubba.

**INVESTIGATE:** But how can you be comfortable with it, in the face of 40-year studies quoted by the WHO? How can you look at those studies and tell me that there's nothing you have to do to Hubba and everything on your website is OK, when I've just proven scientifically that it's a crock?

**LUSH:** I don't think you have proven that.

**INVESTIGATE:** We've had this discus-

sion. You have no studies to back up claim. You can make the claim for HI that's all you can make it for.

**LUSH:** You've raised a number of studies that show a low level of protection or infection. There are problems, as we know the methodology of doing this. We know what we see in HIV is generalisable. We know the physical characteristics of the condom.

**INVESTIGATE:** But that relates to pregnancy and semen. It doesn't relate to HPV, or syphilis, chlamydia and so on. Those are different organisms. You are to extrapolate something, which is specific to condom design – i.e., stopping semen going through, and you're trying to extrapolate that out to venereal disease genera- you can't, there's not one study in the world that shows this.

**LUSH:** Still, on herpes, I did mention herpes can occur when condoms are used.

**INVESTIGATE:** The studies show at best there will be a 40% reduction in infection rates if a condom is always and consistently used.

**LUSH:** That's a spectacular result.

**INVESTIGATE:** It's a spectacular result at a population level ...

**LUSH:** ... and at an individual level.

**INVESTIGATE:** Not if the individual hasn't been told. It's only spectacular if the individual knows before slipping a condom that there's still a 60% chance they'll get herpes if they sleep with someone who's infected over a period of time. And you're telling them that.

**LUSH:** You shouldn't have sexual intercourse if you have lesions.

**INVESTIGATE:** But there's not on your website, nothing, that gives pre- advice of the risks. I'll turn this around: guys are going after the makers of supplements, for heaven's sake, and saying that because of a slight risk that somebody may be infected, and here you are promoting the load of old codswallop I've ever known. You don't stack up against the scientific evidence. You're not prepared to make changes to your website or the way you do it. You are onto irrelevant studies to try and justify your position – if the Ministry was in private it'd be sued!

**LUSH:** I have no response to that.

**INVESTIGATE:** No, and with respect, not trying to get at you. But in general the Ministry of Health would be doing private operator like a ton of bricks are, and here's the MoH refusing to tell young people the real truth about condoms and the risks. Nowhere on your



