

Family Education Trust
the voice of family and youth concern

Can relationships and sex education be transformed?

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ABOUT THE AUTHOR

Louise Kirk read history at Oxford before working in various administrative roles which led her to co-found a small business teaching writing skills. She discovered the beauty of fertility and its impact on the person during marriage preparation and became a Natural Family Planning teacher to spread her knowledge more widely. By the early 2000s, she discovered as a school governor that new government-sponsored sex educational materials were not only morally but biologically deficient. This led her to co-produce a UK edition of the international ***Alive to the World*** values education programme; she has since spoken at family congresses in various parts of the world supporting the programme. She wrote her own book, ***Sexuality Explained: a Guide for Parents and Children***, to complement ***Alive to the World***.

Louise and her husband David have four adult children and a first grandchild.

See **www.alivetotheworld.co.uk**

Executive Summary

- Growing concern over Relationships & Sex Education came to a head in a Parliamentary debate of 2022 when Miriam Cates MP exposed some of the extreme ideas entering schools. The latest government guidance for Relationships and Sex Education (July 2025) for schools in England goes some way towards responding to these concerns by highlighting parental rights and those of faith schools.
- The present paper argues that problems with RSE are deeper than this and stem from the principles on which school sex education was set up in the 1970s and 1990s.
- At the heart of all sex education programmes is the idea that it is inevitable and healthy for young people to act on their sexual desires. Resulting pregnancies can be contained by providing free contraception, but this will only be effective if its use is promoted and explained to all children at school, so taking any stigma out of it.
- To achieve this, new ethics of sexual morality had to be devised. These attack at its roots the traditional morality which protects marriage and family life.
- From the beginning, school sex education was part of an international movement promoting uncommitted sexual engagement and diminishing the role of motherhood as a life goal for girls.
- Different types of sexual engagement have since been promoted in the classroom but the entire scheme rests on the notion that contraception is benign and will reliably protect the young from unplanned pregnancy and infection. Adults know that this is not the case.
- By going back to the ***Report of the RCOG Working Party on Unplanned Pregnancy 1991***, the current paper shows that the scheme's architects also knew that their contraceptive methods were fallible. Adolescents have since proved to be exceptionally poor users and prone to contraception's side-effects. The drugs also impact mental health and social behaviour.
- Most recently, adult women have begun moving away from hormonal contraception, complaining of its side-effects. In a startling paper, abortion and contraception provider ***BPAS*** has admitted its products are dated and requests new research into better methods. When adults are questioning them, can we continue promoting current methods to children?
- Along with this, there have been major scientific advances in our understanding of sexual integrity: biological, emotional, mental and spiritual. Young people have a right to this new knowledge. Boys would gain greater pride in their potential as fathers, and girls be given a useful gauge to their personal moods, their health and their fertility.
- Changing the principles on which RSE is taught would transform the subject. It would address growing concerns over the decline of marriage and family life, especially among the poorest in society. The RCOG was bold in its advice to government on how to introduce sex education into schools: by looking at its strategy, a blueprint is given for what needs to be rethought and what can be satisfactorily built upon.

  The paper's recommendations are on page 64.

Key Points

Sex education was created with the specific goal of teaching children to use contraception so as to avoid teenage pregnancy. Relationships and Sex Education, as the subject has now become, will only be adequately reformed if this basic premise is rethought. This includes:

Refocusing the goal:

All school education is designed to equip children for adult life and RSE should be no exception. This means refocusing the subject towards the future and working backwards from there: most adolescents want to marry, to prosper and have children but a growing number will fail in their life's desire because they have not been given an adequate roadmap to reach it.

Working in partnership with parents:

How sex education is taught is part of what is taught: both impact the moral significance of the subject which is much bigger than avoiding pregnancy. Parents, as the prime educators of their children, have a right to pass on their own cultural and religious values, to be actively involved in anything taught at school and to remove children if they wish. There needs to be a new effort at involving parents and encouraging them to teach at home, especially at primary level. Parents, as well as teachers and school governors, should be offered training to do so with confidence.

Teaching from realistic data:

No contraceptive can give fool-proof protection against pregnancy and disease and encouraging young people to believe that they are better protected than they are is irresponsible. The UK is currently experiencing soaring rates of abortion and STIs, which peak among those in their early twenties. These events can change life's trajectory in a devastating manner. RSE should guide young people away from such risks and towards chastity as a foundation for lasting happiness and prosperity. The negative impact of sexual liaisons on future romantic relationships should also be explained.

Exploring whole person sexual integrity:

Perhaps the only topic in sex education more fascinating than learning about the other sex is learning about oneself: how body, mind, emotions and spirit work together as a unity. Developments in the neural and reproductive sciences are deepening our understanding of fertility and how our hormonal patterns affect moods and desires. Young people have a right to this new knowledge and to the principles behind natural family planning before they are introduced to contraception.

Being clear about how contraceptives work and their risks to health:

Hormonal contraception suppresses a girl's entire fertility cycle with consequences we continue to discover. It can impact her mental and general health, her developing bone and adolescent brain structure and her psyche. Long-term consequences may occur in the future. Given that the drugs are available without parental guidance, and increasingly without a doctor's supervision, it is vital that both girls and boys are taught the principles of how they work so that they can picture the risks and make more considered decisions before using them.

Education in virtue:

Desiring chastity requires long-term thinking and delaying gratification. It is a contrary approach to encouraging children to express themselves through sexual activity. However, long-term thinking is key not only to sex but to becoming a well-balanced person in every sphere, able to work hard, put other people first and discern what is true. Virtue is attractive. It is best learnt by inculcating good habits from an early age. Much is picked up by osmosis at home and at school but good quality RSE can help all children improve their critical and social skills, which are becoming increasingly valuable with the expansion of AI.

Understanding marriage and its importance to family life:

Many pupils come from single and blended families, which makes teaching marriage a sensitive subject. At the same time, scientific studies both in the UK and abroad continue to show that marriage is unlike any other family structure in the benefits it gives to its members and to society. Every child has two chances at married life: the family they are born into, and the family they may create. Teaching love and respect for their parents does not preclude raising children's aspiration to marry. All pupils will benefit; for some, it will help break a cycle of deprivation.

Investing in resources:

Large ideological and financial interests are vested in current patterns of RSE and their accompanying services. To give credibility to a change of direction, new multimedia resources supported by scientific data will be needed. A start can be made with what is already available but always insisting upon high quality materials. Success will also depend upon thorough training for all the adults involved: the teachers, school governors, chaplains and nurses, with explanations for parents. This means giving enough time to the subject and making sure that children are receiving a coherent message across the school day, in their library books and throughout the curriculum.

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Section 1: Introduction

1.1 'What is being taught in Relationships and Sex Education in our schools?'

In 2022, Miriam Cates MP won a debate in Parliament on Relationships & Sex Education (RSE) and the extreme materials which were entering schools.[1] The New Social Covenant Unit (NSCU) which she set up with Danny Kruger MP followed this up with the acclaimed *report* ***What is being taught in Relationships and Sex Education in our schools?***[2] This warned that RSE had long been a vehicle for indoctrination and age-inappropriate teaching and that the trend was accelerating with the subject becoming compulsory (2019 in England and 2022 in Wales).

For a 2-minute film showing examples of bad practice similar to those cited in the NSCU's paper, see the Values Foundation*: RSE resources that present a safeguarding risk to children,* **https://youtu.be/JwmF6fIgpuQ** (Last accessed 24 January 2026.)

The report goes on to describe how the abuse of such a delicate subject is risking parental trust in schooling more generally. Sex is the most intimate of subjects but it has the most public of consequences, given that it is the hinge around which family structures are formed, children are procreated and raised: sexual behaviour has a real potential for good and for harm.

As a society we lack unanimity on sexual morality and on how to introduce the subject to children. The young are uniquely vulnerable to indoctrination from both political and sexual interests. This makes the preparation of a universally acceptable, compulsory RSE curriculum that deals in social values an almost impossible task.

This is the challenge that the present paper takes up. School sex education has now been known in the UK for over fifty years and it was never confined to factual, biological information as many parents once assumed. In 1971, the Chief Medical Officer's annual report to the Department of Education and Science (DES) first suggested that sex education should be 'part of a wider programme that deals with self-awareness and human relations'.[3] In this same year, GP Dr Stanley Ellison was sufficiently concerned by the number of problems suffered by his patients which were directly related to family breakdown and permissive living that he set up the Responsible Society (the present Family Education Trust). Values-free sex education was on the agenda for its first meeting, emphasising that parents, not the State, are the Primary Educators of their children, especially in this critical area.[4] That remains the position of this paper throughout: parents are the primary educators of their children in this area, and where schools teach the subject they do so in partnership with parents and under their oversight, to the standards set out in what follows.

1 See the account from her website: https://www.miriamcates.org.uk/news/relationship-and-sex-education-schools. (Last accessed 17 April 2026.) For Miriam Cates's address to the 2025 Annual Conference of the Family Education Trust on *Foundations of the Family,* see https://www.youtube.com/watch?v=8nJpQf-JGv0. (Last accessed 13 February 2026.)

2 New Social Covenant Unit, *What is being taught in Relationships and Sex Education in our schools? A call for a government review*, 2023, https://www.newsocialcovenant.co.uk/wp-content/uploads/2023/08/nscu-education-2023-v1.pdf. (Last accessed 23 February 2026.)

3 Joanna Williams's *A Brief History of Sex Education (1968-2018): From sex to socialisation, and from biology to politics in the classroom*, 18 January 2026, gives a useful summary, https://cieo.substack.com/p/a-brief-history-of-sex-education. (Last accessed 23 January 2026.)

4 Piers Shepherd, *The Family Education Trust A 50 Year Journey*, 2021, https://familyeducationtrust.org.uk/media/xc1l4m0u/the-family-education-trust-a-50-year-journey-piers-shepherd.pdf, pp 4-7. (Last accessed 23 January 2026.)

Rather than being a departure in recent years, difficulties with the subject can be traced to its concept. It is by going back to see where the subject came from and the mechanisms by which it was introduced that a thorough overhaul can be proposed for the good of children and of the society in which they will grow up.

A useful document offers itself for this purpose: the *Report of the RCOG Working Party on Unplanned Pregnancy 1991*.

> For a general background to the ideology and politics behind the sexual revolution, see Gabriele Kuby's seminal work: ***The Global Sexual Revolution: Destruction of Freedom in the Name of Freedom***, German Original 2012, English Translation (Angelico Press for LifeSite), 2015.
>
> For an account of developments within the UK, in which government-funded agencies promoted eugenics, population control, sexual and family law reform, sex and health education, and children's rights, see Valerie Riches' ***Sex Education or Indoctrination? How ideology has triumphed over facts*** (Family & Youth Concern), updated by Norman Wells, 2004. Valerie Riches was Director of the Family Education Trust between 1972 and 2000; Norman Wells was Director between 2004 and 2020.

1.2 Why look at The Royal College of Obstetricians and Gynaecologists (RCOG)'s report on *Unplanned Pregnancy* of 1991? [5]

From the later 1960s, more permissive sexual behaviour was leading to a worrying increase in births outside marriage, with accompanying social problems and an increase in child poverty. In 1972, the RCOG drew up a first report to government on how to tackle *Unplanned Parenthood.* A compliant government responded by mandating that, from 1974, the Pill and IUD should be offered free of charge to any woman, regardless of age, income or marital status. This would be promoted through sex education in schools (the Abortion Act dated from five years earlier, in 1967). [6]

Doctors at first resisted being asked to give out drugs for social rather than therapeutic purposes. They claimed concerns about side-effects, their lack of experience in dealing with sexual health advice and a lingering distaste for discussing birth control, to which some doctors also had moral objections. To overcome this resistance, the NHS gave GP practices top-up fees for administering the Pill and IUD, available from 1975. [7]

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5 *Report of the RCOG Working Party on Unplanned Pregnancy*, The Royal College of Obstetricians and Gynaecologists, September 1991. This was only produced in hard copy, still available through Amazon.

6 It was not only the RCOG which was campaigning for increased provision of contraceptives and sex education to the young. See *Sex Education or Indoctrination?* by Valerie Riches, cited in the textbox above, for an account of how the Family Planning Association, Brook Advisory Centre, Population Concern, Sex Education Forum, BPAS, Marie Stopes and others were heavily complicit. To simplify the present account, the role of the RCOG will be followed in this paper.

7 See Yasmin Sheikh, *Birth control: How the pill nearly sparked a political and moral crisis,* Public Affairs Networking, 24 July 2018, https://www.publicaffairsnetworking.com/news/nhs-70-1960s-birth-control-how-the-pill-nearly-sparked-a-political-and-moral-crisis for an account of why GPs resisted prescribing the Pill and how this was overcome. See note 39 below for how GP funding changed in 2004.

Despite this, the scheme had little positive effect. A couple of decades later, the RCOG candidly admitted as much in their second, 1991 report. Their next solution was to focus on the schoolchildren. Thus, sex education was brought into the classroom, not at the request of parents or of schoolteachers but of doctors aiming to increase the take-up of contraception (mainly the Pill and the condom) and bring down teenage pregnancy.

Re-opening this 1991 report reveals how daring this was and how many taboos it broke. The report pre-dates the internet, and while it was widely publicised in the press, few people other than those supporting its conclusions would have been expected to read it. In 64 unguarded pages it gives an invaluable insight into the framework on which all subsequent contraceptive-backed sex education is built.

Its core precepts are simple: sexual experimentation is to be expected among the young today; modern methods of contraception can reliably protect them from the dangers of pregnancy and sexually transmitted diseases; but to be effective children need to be taught to use them effectively and speak about them without embarrassment; it is necessary to introduce them to contraception at a young age before they are likely to engage in sex.

1.3 International perspective

The UK was an early player in what has expanded into an international project for Comprehensive Sexuality Education (CSE), which was promoted initially by UNESCO and then other UN agencies, such as the World Health Organisation (WHO) and also by the International Planned Parenthood Federation (IPPF).

Disconcertingly, key players have always admitted that promoting contraception does not prevent abortion but that sex education is a way to change cultural mores.

> *'As people turn to contraception, there will be a rise, not a fall, in the abortion rate.'*
>
> Statement by Malcolm Potts MD, first Medical Director of IPPF, in 1973

> *'There is overwhelming evidence that, contrary to what you might expect, the availability of contraception leads to an increase in the abortion rate.'*
>
> Dr Judith Bury, former Director of Brook Advisory Centre, Edinburgh
> 'Sex Education for Bureaucrats', The Scotsman, 29 June 1981

> *'From birth till death it is now the privilege of the parental State to take major decisions – objective, unemotional, the State weights up what is best for the child.'*
>
> Lady Helen Brook, founder of the Brook Advisory Centres, letter to The Times, 16 February 1980

Family Watch International [8] describes CSE as follows:

> ***'Comprehensive Sexuality Education (CSE)** is one of the greatest assaults on the health and innocence of children. This is because unlike traditional sex education, comprehensive sexuality education is highly explicit and promotes promiscuity and high-risk sexual behaviors to children as healthy and normal. CSE programs have an almost obsessive focus on teaching children how to obtain sexual pleasure in various ways. Yet, ironically, comprehensive sexuality education programs are anything but comprehensive as they fail to teach children about all of the emotional, psychological and physical health risks of promiscuous sexual activity. The ultimate goal of CSE is to change the sexual and gender norms of society, which is why CSE could be more accurately called "abortion, promiscuity, and LGBT rights education." CSE is a "rights-based" approach to sex education and promotes sexual rights to children at the expense of their sexual health.'*
>
> What is Comprehensive Sexuality Education (CSE)? https://www.comprehensivesexualityeducation.org/what-is-cse/ (Last accessed 24 January 2026.)
>
> For an example of the above, see the WHO's *Standards for Sexuality Education in Europe*, https://www.icmec.org/wp-content/uploads/2016/06/WHOStandards-for-Sexuality-Ed-in-Europe.pdf. (Last accessed 14 April 2026.)
>
> See especially the rationale behind the Matrix of topics (pp 33-36); and the Matrix itself, divided into age groups 0-4, 4-6, 6-9, 9-12, 12-15, 15 and up (pp 38-41).

The numbers and types of sexual behaviours covered by CSE have grown over the years, as the NSCU report described. However, all CSE continues to depend for its legitimacy upon the core message that, whatever the behaviour, modern contraceptives are effective in protecting the young from harm.

By going back to the original document through which doctors convinced the UK government of this truth one can assess the reliability of their thesis. With over thirty years of experience, the thesis can also be assessed against the outcomes.

Sex education in the UK has expanded into related subjects, helpfully covering such topics as friendship, peer pressure and how to avoid potential harms on the internet. It is firmly in the school curriculum and the second half of this paper suggests how the subject could be rethought and developed in a positive way.

Nobody will deny that in the modern age young people should be well educated in sexuality. Our knowledge of the subject has advanced enormously in the last decades and schools can play a useful role in helping parents to pass this on. This will prepare pupils to become happy, well-balanced adults, ready to form their own families and contribute to society more generally.

8 Family Watch International (https://familywatch.org/) has for many years followed developments at the United Nations, to warn delegates and the public of moves which may damage children and family life. See also their website: STOP CSE: https://www.comprehensivesexualityeducation.org/.

Section 2: Contraception: examining the tool

2.1 Introduction to the UK project

The *Report of the RCOG Working Party on Unplanned Pregnancy* (henceforth referred to as RCOG 91) assumes throughout that the reader will be convinced by its core message: that if contraception were taught and promoted to children at school, unmarried teenagers would not become pregnant and abortion would be reduced. The simplicity of the argument appeals and the RCOG working party got away with producing scant research to support their case.

What they were recommending was, however, audacious, particularly given the intimacy of the subject and how little was then known about the safety of contraceptives when used by adolescents. Commentary on the report is divided below into topics, extended to show what the report left out or has since been discovered.

CSE is now called **Relationships and Sex Education (RSE)** in England; in Scotland it is known as **Relationships, Sexual Health and Parenthood (RSHP)** education, and in Wales and Northern Ireland **Relationships and Sexuality Education (RSE)**. While there may be differences in emphasis, the general themes are easily recognisable.

2.2 What was known at the time of RCOG 91 about contraception's effectiveness among young users

Given how critical this is to the entire thesis, it is remarkable how little data RCOG 91 includes.

It begins with promising figures from an Oxford/Family Planning Association study. This involved 17,000 'highly selected couples' between 1968 and 1974, all of whom were married and were aged at least 25-39 and were of 'higher than average social and educational status'. Their failure rate with the Pill was 0.3%, representing 'probably nearer the biological effectiveness of the method'. [9]

'In great contrast', data from a National Survey of Family Growth in the US (no comparable British data being available) 'suggest that about 6% of all Pill users …. and 16% of condom users would have an unplanned pregnancy in the course of a year'. It adds: 'failure rates were highest in the youngest women and in those with low incomes'. Their table shows that, in the under 20s, **11% of Pill users and 14% of condom users would become pregnant in a year** (my bold). If those annual rates persisted unchanged, the cumulative chance of failure over five years would be 44% for the Pill and 53% for condoms. Observed rates over several years will vary as users age, gain experience or change method - but it is precisely the youngest users, in their first years of use, who face the rates at the top of the range.

9 The study they cite by M P Vessey, M Lawless, *The Oxford-Family Planning Association contraceptive study,* December 1984, actually involved some 17,000 women rather than couples, see https://pubmed.ncbi.nlm.nih.gov/6509857/. (Last accessed 13 April 2026.)

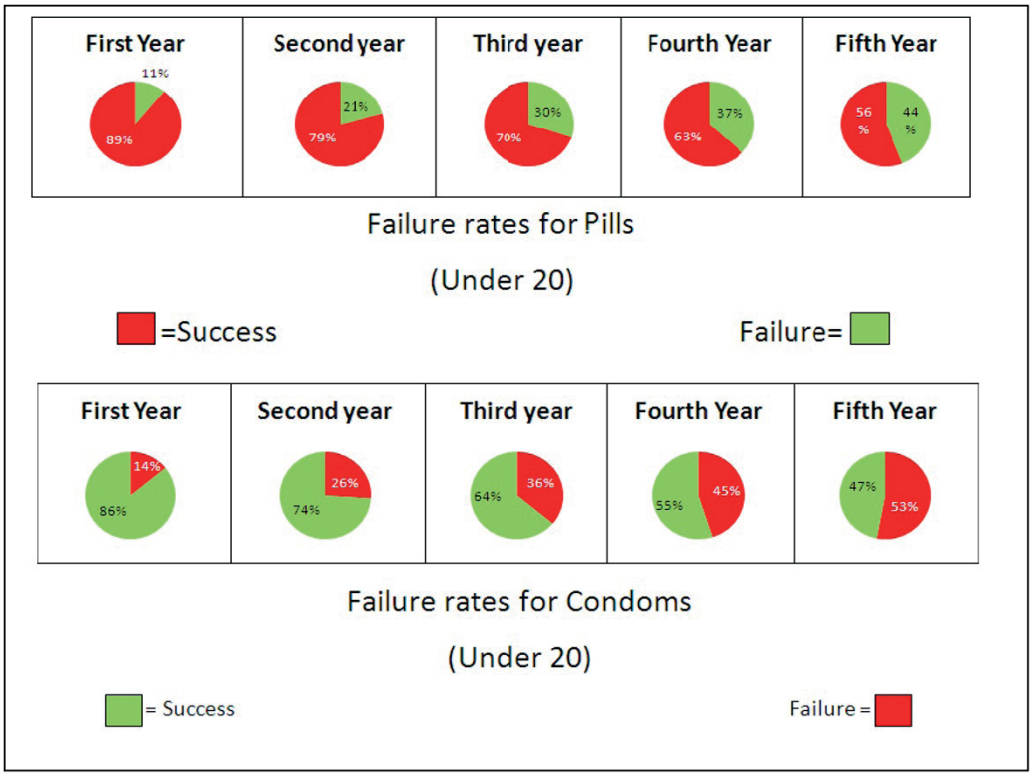


Figure 1: Illustrative extrapolation from figures quoted on page 42 of the Report of the RCOG Working Party on Unplanned Pregnancy, assuming the annual failure rates observed among under-20s persist unchanged over five years. The original figures came from Jones, E. F. and Forrest, J. D. (1989), Contraceptive failure in the United States.

The Oxford and US figures would appear to form the basis on which the working party built their case. The Pill *could* work at a success rate of 99.7% but the US data among the under 20s suggested a figure closer to 89%. They calculated from this that, with free contraception, the British could expect better. Give young people instruction on how to use contraception well and, importantly, show them how to plan its use *before* engaging in sex and those two figures could be brought together.

What these assumptions leave out is that the Oxford figures came from well-motivated *married* couples who could make long-term plans together and whose natural fertility levels would be reducing as they aged. The figures from America were not even specifically for schoolchildren but for the 'under 20s'.

Amazingly, there was no suggestion that pilot studies should be carried out before the RCOG scheme was rolled out countrywide. The RCOG 91 covers itself by saying, in bold:

> ***'4.17 We consider that funds should be made available to mount a campaign to inform health professionals and consumers about emergency contraception.'***
>
> And:
>
> ***'4.22 We recommend that research into new and better methods of contraception should be encouraged by making special funds available.'***
>
> And:
>
> ***'6.22 Legal abortion is a necessary option for women stressed by unwanted pregnancy. Health authorities should accept responsibility for the abortions needed by women resident in their districts.'***

So, the report which sold contraceptive-backed sex education to government as a tool to bring down conceptions was at the same time campaigning for better contraceptives, for more 'emergency contraception' and for legal abortions, all to be paid for out of the public purse.

2.3 Pregnancy rates since the RCOG report

In 1999, just eight years after RCOG 91, the teenage pregnancy problem had become sufficiently worrying for the Labour Government to publish a more substantial report prepared by the Social Exclusion Unit. Tony Blair's Foreword to *Teenage Pregnancy* [10] (referred to hereafter as SEU 99) begins:

> *'Britain has the worst record on teenage pregnancies in Europe. It is not a record in which we can take any pride. Every year some 90,000 teenagers in England become pregnant. They include nearly 8,000 who are under 16. Some of these teenagers, and some of their children, live happy and fulfilled lives. But far too many do not.'*
>
> Tony Blair's Foreword to SEU 99

> Under failure rates the report says:
>
> *'7.11 Teenagers have a high rate of failure from the contraceptives they do use – principally condoms and the Pill. Condoms are 98 per cent effective if used correctly, but young people may not be aware of the importance of following all the instructions; and the Pill has to be taken regularly and on time.'*

No figures were volunteered.

Measuring contraceptive effectiveness is tricky, because so much relies upon a woman's natural state of fertility, how well she is suited to a particular dosage, frequency of sex, determination to avoid pregnancy and regularity of habits. No parents would allow their teenager to go on a Pill trial, hence effectiveness rates for the Pill and other contraceptives tend to be drawn from mature women, with already lower fertility, a regular partner and well-formed habits.

10 *Teenage Pregnancy*, prepared by the Social Exclusion Unit and presented to Parliament by the Prime Minister in June 1999, https://dera.ioe.ac.uk/id/eprint/15086/1/teenage-pregnancy.pdf. (Last accessed 12 February 2026.)

On 4 February 2014, BPAS (British Pregnancy Advisory Service) produced a press release on *Contraceptive Failure* with some startling admissions. It has since been removed from the internet, but this is an excerpt:

> 'Bpas looked at contraceptive use of more than 150,000 women aged 15 and over receiving care at its clinics over the past 3 years. The analysis showed:
>
> - Two thirds (66%) of women having an abortion at bpas reported using a form of contraception when they conceived. 40% of these say they were using the contraceptive pill, the most popular prescribed contraceptive in the UK. Contraceptive pills have a "perfect use" failure rate of just 1% when used exactly as instructed, but with "typical use" around 9 in 100 women will become pregnant a year. Reasons for failure may include missed pills, stomach upsets, or taking other medications.
> - Just over a third of women (35%) having an abortion at bpas became pregnant while using condoms, which are used by 1 in 4 people in the UK. With perfect use, 2 in every 100 women using condoms will experience an unintended pregnancy each year. With typical use – in which the condom is sometimes not put on or taken off properly – that increases to 12 in every 100.
> - A third of all women having an abortion at bpas reported not using contraception when they conceived. … with 31% of women aged 15-24 reporting no use, rising to over 42% of women over 40.'

Teenage pregnancy has come down in the last 25 years but a major study by Andrew J Baxter et al effectively demonstrates that England's Teenage Pregnancy Strategy, which was the fruit of SEU 99 and cost £280 million over its implementation period between 1999 and 2010, had little, if any, effect on pregnancy rates. [11] Professor David Paton's paper with Stephen Bullivant further shows that the decline across developed countries cannot be linked to policies promoting sex education or other 'reproductive health' measures. [12]

11 Baxter Andrew J, Ruth Dundas, Frank Popham and Peter Craig (2021), *'How effective was England's teenage pregnancy strategy? A comparative analysis of high-income countries.' Social Science and Medicine 270* (Feb):113685. https://pubmed.ncbi.nlm.nih.gov/33434717/

12 Paton David, Stephen Bullivant and Juan Soto (2020), *'The impact of sex education mandates on teenage pregnancy: international evidence.' Health Economics 29* (7, July): 790-807. https://pubmed.ncbi.nlm.nih.gov/32329952/

The latest figures from the US Centers for Disease Control and Prevention (CDC) say that the *typical* failure rate for both the Combined and Progestin-only Pill (across all ages) is nearer 7%, with male condoms at 13%. [13] Despite such warnings, old ideas die hard and most people continue to believe that the Pill is close to 99% effective in avoiding pregnancy if it is always taken correctly. The slide below taken from Lloyds Pharmacy is presently being used in Year 8 as part of an RSE resource adapted for Catholic schools. [14]



Figure 2: What are the main methods of contraception? by Dr Mitra Dutt, Lloyds Pharmacy

It names only the memorable 'perfect' rather than 'typical' figures, giving each of the following as 99% effective when perfectly used: the combined pill, the progestogen-only pill, the patch, the ring, the implant, the injection, the IUD and the IUS. The male condom is at 98%, female condoms 95% and diaphragms and caps 92-96%. In practice, all these methods have higher numbers of break-through pregnancies even when they are correctly taken. [15]

US studies quoted in Jennifer Roback Morse's article *Get the Government Out of Sex Ed* [16] show that nearly half of poor cohabiting teenagers get pregnant during their first year using the Pill and 70% of those relying on condoms.

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13 *Contraception and Birth Control Methods*, CDC, August 2024. https://www.cdc.gov/contraception/about/index.html for the full range of contraceptives. (Last accessed 26 January 2026.)

14 Lloyds Pharmacy Online Doctor diagram at https://onlinedoctor.lloydspharmacy.com/uk/contraception/contraception-options. (Last accessed 28 January 2026.)

15 The effectiveness rates given by Lloyds tally with those given in the NHS webpage: *Methods of Contraception,* https://www.nhs.uk/contraception/methods-of-contraception/. (Last accessed 14 April 2026.) This gives out vital data as though it is established fact with no indication of the research it is based on or how effectiveness rates may vary with the age and status of the user.

16 *Get the Government Out of Sex Ed*, by Jennifer Roback Morse, Catholic Education Resource Center, 2007, https://catholiceducation.org/en/marriage-and-family/get-the-government-out-of-sex-ed.html. (Last accessed 12 February 2026.)

The poor, the young and the unmarried are the particular targets of contraceptive-backed sex education and also those most likely to conceive because of it. [17]

2.4 The Pill and known health risks at the time of RCOG 91

Consideration of the health risks of the Pill is given one short paragraph in RCOG 91. This begins by saying that risks have been 'comprehensively reviewed in a recent book'. It continues:

> *'4.7 … The concern relates particularly to the possible higher occurrence of breast cancer in women who have used the pill for several years when they were under 25 years of age. This possible risk is offset by the firm data that show that pill users have less cancer of the ovary and of the lining of the uterus……'*
>
> It goes on to suppose that, because dosages of oestrogen had recently reduced, the risks of venous thrombosis, liver complaints, stroke and heart disease would also have reduced.
>
> *'…..To put the risks into perspective it must be remembered that serious illness associated with pill use in younger women occurs in less than five in every 10,000 users …. For most women it is safer to take the pill than to become pregnant.'*

This sanguine appraisal is very different from what is said in the textbook that they cite. Chapter 2 of *Contraception: Science and Practice* begins: [18]

> *'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.'*
>
> Dr Michael Gillmer, John Radcliffe Hospital, Oxford from Contraception: Science and Practice, p. 11

17 SEU 99 has a chapter exploring why it is that teenagers remain uncomfortable with contraception and 'have a high rate of failure from the contraceptives they do use' (pp 49-54) but the report has no solution other than to recommend a national campaign for sex and relationships education with clearer messages about contraception and special attention to at-risk groups (pp 90-95), all paid for out of the public purse. This became the Teenage Pregnancy Strategy referenced in the work of Andrew J Baxter et al (see note 11 above).

18 *Contraception: Science and Practice,* ed. by M Filshie and J Guillebaud (Butterworth), 1989. Each of the seventeen chapters in what was a highly regarded textbook is written by an acknowledged expert/s.

The work of another relevant doctor is not mentioned at all. Starting in 1960, Dr Ellen Grant [19] spent ten years investigating the effects of over 60 different prescriptions of oral contraceptives as part of the first major British study into the Pill – she would later claim that there were no compilations that she had not tried and found wanting. The research was sponsored by the Family Planning Association (FPA), and she worked under Dr Gerald Swyer and Dr Eleanor Mears. Dr Swyer was himself a member of the US Planned Parenthood Federation and colleague of Pill creator Gregory Pincus, so Dr Grant's credentials could hardly be higher. Both the RCOG, of which she was a member, and the editors of *Contraception: Science and Practice* would have been aware of her work.

By 1970 Dr Grant was so alarmed by what she found that she switched from researching the Pill to treating women for its adverse effects. In 1985, she published her book: *The Bitter Pill: how safe is the perfect contraceptive?* [20] and created a small website with a summary of her findings. [21] This begins:

> **The Contraceptive Pill and HRT cause many serious illnesses with three times more deaths in young women 'pill' takers than in young non-takers** (as shown in the world's largest 'pill' study from the Royal College of General Practitioners).
>
> **What makes these hormones so dangerous?** Pill hormones (progestogens and oestrogens) are steroid 'messengers' which pass to all parts of the body and **powerfully influence ALL BODY SYSTEMS.**
>
> **Increases in pill hormone taking increases cancers.** These include **breast cancers, carcinoma-in-situ (positive smears), cervical, ovarian,** as well as **many other cancers.** Rises and falls in breast cancer with changing hormone use since 1962 are shown in the slides from **Review Lecture 1 – www.harmfromhormones.co.uk/Lecture_1.pdf.**

Figure 3: Excerpt from Dr Ellen Grant's website: www.harmfromhormones.co.uk

2.5 Hormonal contraception and current knowledge of health risks

In 2007, the International Agency for Research on Cancer, an arm of the WHO, said that there was sufficient evidence in humans to name the Combined Pill as carcinogenic (Group 1), with increased risks for breast, cervical and liver cancers. [22]

19 Dr Ellen Grant qualified as an obstetrician in 1959. See her career details on her website at www.harmfromhormones.co.uk/cv.html. (Last accessed 27 January 2026.)

20 Dr Ellen Grant, *The Bitter Pill: how safe is the perfect contraceptive?* Corgi Books, 1985. Her book was disputed at the time and continues to be regarded as an outlier, even though her warnings, especially against giving the Pill to nulliparous young women, are now supported, for instance by the Skovlund 2016 study (see note 57), Dr Angela Lanfranchi's Breast Cancer Prevention Institute's findings (see note 29) and Dr Sarah Hill's work (see notes 60-62 and accompanying text).

21 Harm from Hormones: The Pill and HRT Dangers at harmfromhormones.co.uk/index.html. (Last accessed 27 January 2026.)

22 IARC Monographs, Volume 91 (2007), *Combined Estrogen–Progestogen Contraceptives and Combined Estrogen–Progestogen Menopausal Therapy.*

It also said that the Pill had a protective effect against endometrial and ovarian cancers, a claim which is often cited in the drug's defence. However, as Christina Bennett explains in her article, *Does birth control prevent – or cause – cancer?* [23], this does not compare like with like because the baseline risk of developing breast cancer is so much higher than that of either endometrial or ovarian cancers. [24]

The Pill only became widely available in the UK in 1967. The chart below gives breast cancer rates between 1975 and 2010; in 1988 the NHS introduced breast cancer screening.

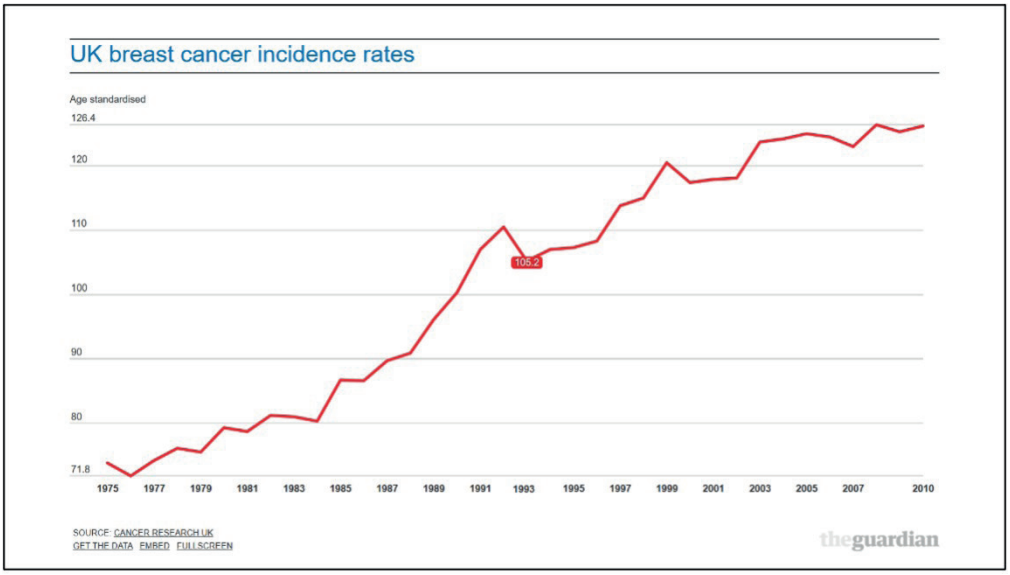


Figure 4: Source: Cancer Research UK as quoted in The Guardian.

Breast cancer has continued to increase since 2015. [25] It is now our most common cancer with 59,517 new cases in 2021 and around 11,400 deaths each year; [26] 1 in 8 women will be diagnosed with it during their lifetime. [27]

Dr Patrick Carroll, in his extensive article *The British Breast Cancer Epidemic,* [28] links the breast cancer rise with childlessness and later pregnancies, induced abortion, hormonal contraceptives and HRT. There is a clear relationship between contraceptive practice and the conditions he names, to which could be added reduced breastfeeding as women return to work.

American breast surgeon, Dr Angela Lanfranchi, explains the interrelationship between these conditions.

23 Christina Bennett, *Does birth control prevent—or cause—cancer? - Natural Womanhood,* https://naturalwomanhood.org/does-birth-control-prevent-or-cause-cancer/ 18 March 2022. (Last accessed 17 February 2026.)

24 Data from Cancer Research UK shows that, in the UK between 1993-2019, breast cancer in females increased by 24%, uterine (endometrial) cancer increased by 59%, and ovarian cancer decreased by 3%, https://www.cancerresearchuk.org/our-research/our-research-by-cancer-type. (Last accessed 17 February 2026.)

25 Breast Cancer UK, *Facts and Figures, https://www.breastcanceruk.org.uk/about-breast-cancer/facts-and-figures/.* (Last accessed 7 April 2026.)

26 World Cancer Research Fund, *The most common cancers for women in the UK, https://www.wcrf.org/preventing-cancer/cancer-statistics/uk-cancer-statistics/#breast-cancer.* (Last accessed 27 January 2026.)

27 National Institute for Health and Care Excellence (NICE) UK, '*What is the NHS Breast Screening Programme*?', https://cks.nice.org.uk/topics/breast-screening/background-information/the-nhs-breast-screening-programme/. (Last accessed 27 January 2026.)

28 Patrick S Carroll and others, *The British Breast Cancer Epidemic: Trends, Patterns, Risk Factors, and Forecasting,* Journal of American Physicians and Surgeons, Spring 2017, https://www.jpands.org/vol22no1/carroll.pdf. (Last accessed 27 January 2026.)

In 2020, she wrote a book called *Health, Hormones and Contraception,* drawing on her experience treating over 20,000 breast patients in a 23-year period. [29] Her book is based on the precise data she gathered from each of her patients: whether or not they had ever taken hormonal drugs, what prescription/s, for how long and when during their reproductive lives. The vast majority had been on hormonal contraception at some point.

> *'As a breast surgeon who had a busy practice, I saw far too many thirty and forty year old women with breast cancer. According to a 2011 study by Parkin in the British Medical Journal, 14.5% of all premenopausal breast cancer was attributable to hormonal contraception. In the United States that means over 8,000 young women this year get breast cancer because they took hormonal contraception.'*
>
> *'The risk of metastatic breast cancer in women under 40 has been steadily increasing 2% per year since 1976. I saw what it did to their lives and their children, especially when they were single mothers with toddlers. I saw what it did to their husbands, significant others, family members and co-workers. Like a pebble thrown into a pond, there were ever widening circles of lives affected by that one woman's cancer. I also treated many women with painful breasts and proliferative breast disease brought on by the Pill who didn't know there were other ways to control fertility besides hormonal contraceptives or a condom.'*
>
> Dr Angela Lanfranchi Health, Hormones and Contraception, p. 14

The first section of her book gives a layman's overview of the subject, in which she warns that, even when hormonal contraceptives are taken as prescribed or when they are not dependent on daily doses (such as the Mirena IUD or Depo-Provera injection), unplanned pregnancies can occur. This is sometimes because another prescribed drug cancels its effects or because a girl is young and very fertile. [30]

The second and much larger section of the book contains a Petition to the US Food and Drug Administration (FDA) with regard to the dangers of hormonal contraception. In 63 pages of detailed research and literature review, she and a Contraceptive Study Group of physicians, scientists and researchers explore every aspect of the subject, each contributing from their professional expertise.

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29 Dr Angela Lanfranchi, *Health, Hormones and Contraception*, Breast Cancer Prevention Institute, 2020, available for free download at https://www.bcpinstitute.org/uploads/1/1/5/1/115111905/health_hormones_and_contraceptions_book.pdf. See also Dr Lanfranchi's leaflet on the dangers of the Pill: https://www.bcpinstitute.org/uploads/1/1/5/1/115111905/bcpi-pill-kills-brochure2.pdf and Dr John Littell's article: *Hormonal Contraceptives Increase Breast Cancer Risk: A Doctor's Report on Why,* Natural Womanhood, 16 May 2018, https://naturalwomanhood.org/hormonal-contraceptives-increase-breast-cancer-risk-pill-birth-control study-201718/.

30 *Health, Hormones and Contraception,* p.6.

The Petition, which was first presented to the FDA in 2019 and is still operative, asks for new Black Box Warnings to be included in the patient information for every Pill and the removal of Depo-Provera from the market. [31]

In December 2025, the FDA finally mandated that Depo-Provera should carry a new patient warning making clear that the shot increased the risk of meningioma brain tumours.

2.6 How the Pill came to be used for menstrual difficulties [32]

Common side-effects have dogged the Pill since its inception. In 1970, at the Nelson Pill Hearings in the US Senate, indignant women protested at being used as guinea pigs. This led to changes in the Pill's composition and warning inserts being mandated for every Pill packet. [33]

The pharmaceutical company, A H Robins, attempted to take advantage of the situation by aggressively promoting its Dalkon Shield IUD in 1971 as safer than birth control pills. At its peak, the Dalkon Shield had about 2.8 million US women using it. Severe complications led to its withdrawal from the US market in 1974; shamefully, it continued to be sold abroad until 1980. More than 327,000 claims were made against A H Robins, which went bankrupt in 1985, with almost $3 billion being paid out in compensation.

In the 1980s came HIV and AIDS – against which hormonal contraceptives offered no protection – agitation about abortion, and an overseas market which was already saturated with existing products. The commercial viability of the Pill diminished, and, by 1987 the number of major drug companies reduced from 13 to 4. Stringent new demands from the US Food and Drug Administration (FDA), adverse publicity when contraceptives went wrong, and the increasingly litigious nature of American society put a brake on creating drugs for healthy people. Big Pharma went for the softer option of experimenting with existing drugs and delivery systems, such as patches, implants, coils and injections, and innovative packaging.

From the 1990s another lucrative market opened up. A bonus of the Pill was that it removed the discomforts of a true menstrual period [34] and cleared up conditions like acne. Manufacturers began advertising this to promote their particular brand of birth control and then discovered that they could market the Pill specifically for its Life Style effects. Hence the Pill came to be prescribed by doctors for all manner of menstrual difficulties, which continues to this day.

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31 For an explanation of the Petition, see Gerard Migeon, *'No adverse outcomes?' Debunking the bad science on birth control risks,* Natural Womanhood, 10 March 2022, https://naturalwomanhood.org/no-adverse-outcomes-debunking-the-bad-science-cover-up-of-birth-control-risks/. (Last accessed 16 February 2026.)

32 Information for this section is drawn from Dr Elizabeth Siegel Watkins, *How the Pill Became a Lifestyle Drug: The Pharmaceutical Industry and Birth Control in the United States since 1960*, NIH National Library of Medicine, Aug 2012, https://pmc.ncbi.nlm.nih.gov/articles/PMC3464843/. Her research was peer reviewed by Carl Djerassi, the chemist behind the Pill's creation. (Last accessed 23 February 2026.)

33 In 1970, Senator Gaylord Nelson called for Congressional hearings on the safety of combined oral contraceptives after women made loud complaints about their side-effects of which they had not been warned. As a result of the Nelson Pill Hearings, (https://www.pbs.org/wgbh/americanexperience/features/pill-senate-holds-hearings-pill-1970/) hormones in the Pill were greatly lowered and companies were ordered to insert patient information in every Pill packet, the first instance of such information being demanded for any drug in the English-speaking world. (Last accessed 23 February 2026.)

34 Dr John Rock, who collaborated with Dr Gregory Pincus and Carl Djerassi in the design of the Pill, wanted women to feel they had a normal cycle. Most Pills still include a monthly break in the dosage to trigger a light bleed. Because these bleeds are not part of an ovulatory cycle, they do not share the characteristics of natural menses.

This brings up a particularly troubling development for girls in the UK. Many of them are being put on the Pill by doctors to solve common menstrual difficulties, such as painful periods, acne, or even irregular cycles. If you suppress the entire fertility cycle then its accompanying effects do indeed go away – but the underlying problem is not addressed. Some young girls stay on the Pill for a decade or two, sliding into using it as a contraceptive until they want a baby. The health issue then reappears, more difficult to heal and often bringing infertility with it.

The correct procedure would be to encourage the girl to chart her cycle and have blood tests at appropriate times in the month. She would then be followed up with suggested changes to her diet, exercise and sleeping patterns, and given supplements or other treatment as necessary. In America, organisations such as FEMM Health [35] and Natural Womanhood [36] are there to get to the roots of such problems. In the UK, corresponding services may be offered, e.g. by FertilityCare Centres [37] or NFPTA, [38] but these are small, few in number and often run by volunteers. It takes time, and the tests and supplements may not be covered by the NHS.

By contrast, the Pill is quick to prescribe and it is financed by the State. [39] The subliminal message is thus given to girls that their fertility is worth less than curing spots, unless they want to try for a baby. Few doctors have been trained in fertility awareness and, while some practices will arrange blood tests on the NHS, the situation as a whole is unlikely to change without education and a very determined effort. [40]

2.7 Long-Acting Reversible Contraception (LARCs): dangers and inducements

Coils or intrauterine devices (IUDs) were well established in the 1990s and so it is notable that neither RCOG 91 nor SEU 99 promoted them. Presumably doctors were continuing to heed the medical caution displayed in *Contraception: Science and Practice* over the devices' extractor cords up which bacteria can creep from the vagina:

35 FEMM Health (https://femmhealth.org/). (Last accessed 12 February 2026.)

36 Natural Womanhood (https://naturalwomanhood.org/). (Last accessed 12 February 2026.)

37 FertilityCare Centres Great Britain (https://fccgb.org/) offer educational services and NaProTechnology following the Creighton Model. (Last accessed 12 February 2026.)

38 The Natural Family Planning Teachers Association (NFPTA; https://www.nfpta.org.uk/) brings together teachers of the symptom-thermal method of NFP.

39 GP funding changed as a whole in 2004, shifting from individual to practice-based contracts, so that extra payments for providing contraception are no longer so visible. In a written answer of 31 October 2022 (https://www.theyworkforyou.com/wrans/?id=2022-10-18.65788.h) Neil O'Brien, Parliamentary Under-Secretary for Health and Social Care, stated that: 'Under the GP contract, contraceptive services are an essential service that practices must provide or arrange for the provision of. Practices are paid for providing essential services via the global sum, which is a capitated payment based on practice patient list size …'. (Last accessed 12 February 2026.) The Pill itself remains free for every woman in the UK. See also note 7 above.

40 It is not only in the UK that doctors are prescribing the Pill instead of getting to the root of gynaecological problems: see Does birth control help with cramps and other issues? - Natural Womanhood, August 2025. https://naturalwomanhood.org/the-emotional-and-societal-cost-of-gynecologys-birth-control-fixation/(Last accessed 12 February 2026.) Money and research have long been diverted away from true medicine in this important aspect of women's health.

> *'The primary factors which increase the risk of ascending pelvic infection are the numbers of sexual partners and the numbers of sexual partners of those sexual partners. With each additional sexual partner, within a relatively short time span, the incidence of pelvic inflammatory disease or ascending infection from the vagina up into the upper genital tract increases. The primary aftermath or clinical result of ascending pelvic infection is that of tubal obstruction and secondary infertility.*
>
> *'The implications and psychological impact of infertility is significantly greater when it occurs in a woman who has not borne her desired number of children. …. It is this phenomenon which has led to the philosophy among many clinicians that the nulligravid woman is not a candidate for the use of intrauterine contraception.'*
>
> Drs Howard J Tatum and Elizabeth B Connell Contraception: Science and Practice, p. 155

With pregnancies continuing to rise among the young, government policy began to move towards more reliable contraception, without heed to the health and well-being of individual children, often from poorer communities. Enhanced service payments were introduced in 2009 to encourage GP practices to give out LARCs in place of the Pill. [41] Emergency contraception, injections (including Depo-Provera) and IUDs are to this day eligible.

This is particularly concerning with regard to Depo-Provera. As noted above, in December 2025 the FDA authorised new warnings to be included with the shot because of its association with meningioma brain tumours. [42] Hugh James, which is managing lawsuits against Pfizer in the US, explains this as follows: 'Meningioma is a type of brain tumour involving the membranes covering the brain and spinal cord. The symptoms of this condition involve a change in vision, hearing loss, ringing in the ears, loss of smell, headaches, memory loss, seizures, and weakness in the arms or legs.' [43] In a revealing Natural Womanhood video, prolife activist and former Planned Parenthood clinic director, Abby Johnson, describes her own experiences and how she could have lost sight in an eye. [44]

However, a November 2024 article from Natural Womanhood explains that brain tumours are by no means the only danger from Depo-Provera. [45] The Contraception Petition currently being presented to the FDA claims that Depo should be taken completely off the market because it lowers female resistance to HIV in male to female sexual relations. Another side-effect is to leach calcium from the bones. This is what Pfizer says in its prescribing information:

41 British Medical Association's Enhanced services list: https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/enhanced-services-gp-practices-can-seek-funding-for. (Last accessed 3 February 2026.)

42 Anne Marie Williams, *FDA approves new brain tumor warning label on Depo Provera birth control shot,* Natural Womanhood, 19 February 2026, https://naturalwomanhood.org/depo-provera-warning/?mc_cid=321944bee3&mc_eid=4e8111d8e3. (Last accessed 23 February 2026.)

43 See Hugh James claims for compensation page, https://www.hughjames.com/services/harmful-product-claims/compensation-for-meningioma-risk-linked-to-injectable-contraceptives/. See also the Robert King website: https://www.robertkinglawfirm.com/personal-injury/depo-provera-lawsuit/. (Both last accessed 23 February 2026.)

44 *Depo Provera, the FDA, and Women's Safety*, https://naturalwomanhood.org/depo_safety_watch/. (Last accessed 20 April 2026.)

45 Marianne Swingle, *Lawsuits amassing over Depo-Provera's link to brain tumors,* 14 November 2024, https://naturalwomanhood.org/lawsuits-amassing-over-depo-proveras-link-to-brain-tumors/?mc_cid=8fc04e3272&mc_eid=4e8111d8e3. (Last accessed 23 February 2026.)

Full Prescribing Information
Warning: Loss of Bone Mineral Density

- Women who use Depo-Provera Contraceptive Injection (Depo-Provera CI) may lose significant bone mineral density. Bone loss is greater with increasing duration of use and may not be completely reversible [see Warnings and Precautions (5.1)].
- It is unknown if use of Depo-Provera CI during adolescence or early adulthood, a critical period of bone accretion, will reduce peak bone mass and increase the risk for osteoporotic fracture in later life [see Warnings and Precautions (5.1)].
- Depo-Provera CI is not recommended as a long-term (i.e., longer than 2 years) birth control method unless other options are considered inadequate [see Indications and Usage (1) and Warnings and Precautions (5.1)]. [46]

The UK's National Institute for Health and Care Excellence (NICE) recommends these injectables from age 13. [47] Under length of use, the advice says: 'Review women using DMPA (Depo Provera® or Sayana Press®) every 2 years to assess individual situations and to discuss the benefits and potential risks of continuing this method of contraception.' The Sayana Press allows girls to inject themselves and is a project specifically sponsored by the Gates Foundation for the developing world. [48] It is not available in the US but has been allowed in the UK since 2015.

An NHS *Medicines* web page describes Depo-Provera and Sayana Press with a giddying list of potential side effects: common, serious and long-term. [49] The NHS *Contraception* webpage, by contrast, glosses over much of this and it is the latter which appears to inform the sites that girls turn to.

The colourful Brook website, for instance, manages to introduce Depo-Provera as though it is an extension of nature:

CONTRACEPTIVE INJECTION

The contraceptive injection contains the hormone progestogen. This is similar to the hormone progesterone that is naturally produced in the ovaries and works to prevent pregnancy.

Under cons, it says that 'Slight thinning of the bones' usually recovers once the injections stop. Other side-effects are lightly drawn, though it does emphasise that anything experienced will remain for the duration of the injection. There is no mention of the 2-year safety limit. [50]

46 Pfizer's *Prescribing Information for Depo-Provera*, https://labeling.pfizer.com/ShowLabeling.aspx?format=PDF&id=522. (Last accessed 18 April 2026.)
47 *Progestogen-only injectables*, NICE, https://cks.nice.org.uk/topics/contraception-progestogen-only-methods/management/progestogen-only-injectables/ last revised November 2024, Scenario: Progestogen-only injectables | Management | Contraception - progestogen-only methods | CKS | NICE. (Last accessed 2 February 2026.)
48 See Gates Foundation, https://sif.gatesfoundation.org/portfolio/pfizer-sayana-press. (Last accessed 20 February 2026.)
49 The NHS Medicines webpage on Depo-Provera: https://www.nhs.uk/medicines/contraceptive-injections-medroxyprogesterone/side-effects-of-medroxyprogesterone-contraceptive-injections/ contrasts with the NHS Contraception webpage: https://www.nhs.uk/contraception/methods-of-contraception/contraceptive-injection/side-effects-and-risks/. (Both last accessed on 18 April 2026.) See also note 14 on Lloyds chemist.
50 Brook fact sheet, *Contraceptive Injection*, https://www.brook.org.uk/your-life/contraceptive-injection/?utm_source=google&utm_medium=cpc&utm_campaign=23542736107&utm_content=&utm_term=&gad_source=1&gad_campaignid=23542805275&gbraid=0AAAADrgI9tC0mOZ_DnXa2MYtTzZ9OaIF&gclid=CjwKCAjw14zPBhAuEiwAP3-EbySB0n6DHaZiRRHipPaBxNEhkW1aGeJRZmINVZni6oR58B7bwSid2xoCG4oQAvD_BwE. (Last accessed 18 April 2026.)

A 2020 assessment of the UK LARCs promotional scheme concluded that it had succeeded in increasing LARC uptake and lowering abortions, especially among 20–24-year-olds and those from deprived backgrounds.[51] Most recently, in May 2026, the College of Sexual and Reproductive Healthcare (CoSRH) has announced that the UK licence for use of the implant Nexplanon® has been extended from 3 to 5 years.[52]

Despite these inducements, BPAS found in a survey of 2024[53] that LARCs are losing their popularity. Women found them difficult to access during Covid shutdowns and many have not returned to them since. All LARCs are invasive and, while their effects vary with the person, many find them unpleasant and painful, and there are further worries about health risks. The hormonal intrauterine device (IUD), or copper coil, decreased from 54,200 users in 2014-15 to 47,900 users in 2022-23; the hormonal implant dropped from 138,900 to 103,800; and injectable contraceptives dropped from 85,300 to 33,200.[54]

2.8 Understanding the link between hormonal contraception and mood changes

Hormones

'Hormones greatly influence our health. Simply put, they can be thought of as messengers (e.g. estrogens) made by glands, (e.g. ovaries) that go in our blood and tell other parts of our body what to do (e.g. our breasts and uterus). Anywhere there is a receptor for this messenger to fit, like a key into a lock, there will be an effect. In the case of the female hormone estrogen, there are estrogen receptors not only in our breasts and uterus but also in our brains which affects mood and behaviours. There are estrogen receptors in our skin, bones, livers, digestive tract, immune system, white blood cells, heart and even blood vessels. Wherever there are estrogen and/or progesterone receptors, synthetic man-made drugs designed to mimic these hormones will also have an effect …

'Hormones are also very powerful. Estrogen is so powerful it is measured in parts per trillion in our blood. It is regulated very precisely. It is made not only in the ovaries but also by our fat, liver, breasts and the adrenal glands ….

'The endocrine system is like a great symphonic orchestra with many instruments but not led by just one conductor. It is a great challenge for the instruments to produce a harmonious symphony (our health), whilst all the instruments (our glands) and sounds they make (hormones) affect each other.'

Dr Angela Lanfranchi in Health, Hormones and Contraception, pp1-2

51 Richard Ma and others, *Impact of pay-for-performance on LARCs*, National Library of Medicine, https://pmc.ncbi.nlm.nih.gov/articles/PMC7489538/. (Last accessed 3 February 2026.)

52 Contraceptive implant now licensed for up to 5 years in the UK, CoSRH, 14 May 2026, https://www.cosrh.org/Public/Public/News/Articles/contraceptive-implant-now-licensed-for-up-to-5-years-in-the-uk.aspx. (Last accessed 1 June 2026.) Nexplanon's predecessor, Implanon, also manufactured by Merck & Co., was withdrawn: in the UK there were over a thousand complaints of injury, leading to the NHS paying out almost £200,000 in damages, https://www.pearsonlegal.co.uk/blog/news/nhs_pays_200000_in_damages_following_implanon_failures/. (Last accessed 1 June 2026.)

53 See Section 3.8 below for more on the BPAS report: *Contraception Re-Imagined.*

54 Statistics quoted in the BPAS report, source: NHS Sexual and Reproductive Health Services (Contraception): Data Tables, 28 September 2023, https://digital.nhs.uk/data-and-information/publications/statistical/sexual-and-reproductive-health-services/2022-23/data-tables. (Last accessed 7 February 2026.)

An oft cited reason for younger women to adopt an IUD is because they do not like the changes to their mental and emotional health that hormonal contraception gives them. Dr Janet Smith, in her acclaimed talk *Contraception. Why Not?* says that 50% of women who start on the Pill stop within the first year because of its unpleasant effects. [55] These can include increased irritability, increased propensity to depression, weight gain and, ironically, loss of libido. [56]

Dr Smith continues to explain how the Pill impacts choice of sexual partner, because of its effects on pheromones (the chemical signals which convey sexual attraction). Women on the Pill tend to prefer less masculine men; coming off it, they may find their partners no longer appeal. Men prefer women in natural cycles. A combination of these disrupting factors may contribute to the loss of sexual energy now found among Pill users.

The link between depression and hormonal contraception was authoritatively corroborated in a Danish study involving over a million women. This found that girls on hormonal birth control were especially susceptible and likely to be on antidepressants, [57] a finding which was affirmed by a 9-year Dutch study, which found that girls aged around 16 were especially vulnerable. [58] Both studies are referenced in a cross-sectional survey which suggests that similar problems may be experienced across all age groups, with the majority of its respondents complaining that they were given no prior warning. [59]

Dr Sarah Hill in her book, *How the Pill Changes Everything*, has a chapter on attraction and mate choice. [60] Elsewhere, she explains that artificial hormones necessarily have a large effect on a woman's emotions, maternal desires and stress response, which are important aspects of 'feeling ourselves'. 'We do not have a body with hormones – we *are* our hormones.' You cannot send a 'targeted' hormonal message to one part of the body and not to others. The goal may be to suppress ovulation but 'it's sort of like dropping an atomic bomb on your house to blow out a candle.'

She describes how sex hormones determine developmental changes that happen during puberty, in the body but also in the brain. They play a key role in shaping the brain's new adult blueprint, which is not fully complete until the early to mid-twenties. Going through adolescence on the pill is associated with measurable density differences in brain regions involved with memory and emotions, and these are lasting changes. [61]

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55 *Contraception. Why Not?* was first given by Dr Janet Smith in May 1994 at a Catholic Physicians Guild Meeting in Columbus, Ohio. Over a million copies of the original recordings were sold/distributed. It is now available for free: https://janetsmith.org/product/contraception-why-not-digital-download/ with the script at: https://freddoso.com//courses/264/contraception-whynot.htm. (Both last accessed 27 January 2026.) See her website www.janetsmith.org for other resources.

56 Studies commonly find that between 30% and 60% of women change contraceptive in the first year.

57 Charlotte Wessel Skovlund and others, *Association of Hormonal Contraception with Depression*, Jama Psychiatry, November 2016, https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2552796. This study was based on a nationwide prospective cohort study of women living in Denmark. It found an increased risk for first use of an antidepressant and first diagnosis of depression among users of different types of hormonal contraception, with the highest rates among adolescents. (Last accessed 2 February 2026.)

58 Anouk E de Wit and others, *Association of Use of Oral Contraceptives With Depressive Symptoms Among Adolescents and Young Women,* Jama Psychiatry, 2 October 2019, https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2751923. (Last accessed 2 February 2026.)

59 Sarah Martell and others, *Psychological side effects of hormonal contraception: a disconnect between patients and providers,* NIH National Library of Medicine, 17 January 2023, https://pmc.ncbi.nlm.nih.gov/articles/PMC9842494/. (Last accessed 2 February 2026.)

60 Dr Sarah Hill, *How the Pill Changes Everything: Your Brain on Birth Control*, Avery, 2019 (also under the title *This is your Brain on Birth Control: the surprising science of women, hormones and the law of unintended consequences*), see especially: pp 41-44, 87-88, 98-116, 145-168, 238-239.

61 Rupali Sharma and others, *Use of the birth control pill affects stress reactivity and brain structure and function*, by Science Direct, August 2020, https://doi.org/10.1016/j.yhbeh.2020.104783

It is a discovery that Dr. Hill thinks unsurprising: 'To be honest with you, I don't know how anyone could predict anything other than that, because the puberty transition is when your brain is remodelling itself from its childlike phenotype into its adult version of itself. It is hard to believe that, by some miracle, it wouldn't affect brain development.' [62]

Dr Hill favours the pill for its simplicity as a contraceptive but cautions against giving it to any girl until she is *at least* 19 or 20 – the research just is not there to say it is safe.

2.9 The battle against sexually transmitted infections (STIs)

RCOG 91 makes only passing references to HIV/AIDS and 'the risks of promiscuous behaviour'. Just eight years later, when SEU 99 was published, STIs had risen to become a major concern, in the UK and worldwide.

In 2000, the US National Institutes of Health (NIH) held a landmark workshop to answer the question: '***What is the scientific evidence on the effectiveness of latex male condom use to prevent sexually transmitted disease transmission during vaginal intercourse?***' Numerous peer-reviewed articles were examined by 180 delegates before a panel of 28 experts produced its report. It concluded that much of the existing literature was inadequate to give definitive results. Condoms could be shown to reduce HIV transmission significantly in both men and women during vaginal intercourse and to reduce the risk of gonorrhoea in men. Better research was needed to show positive results for any other STD. [63]

This disappointing result led to a flurry of defensive articles, with the Guttmacher Institute among those who admitted that condoms were not dependable but considered that denting confidence in their performance would cause more problems. [64]

A detailed report from the Vatican, *Family Values versus Safe Sex* (2003), contradicted this logic. Using case studies, it pointed out that false science was encouraging risk taking and undermining moral behaviour, especially among the young. Chastity education in Uganda and in the Philippines had had much better results in bringing down HIV/AIDS than condom promotion in equivalent countries, where disease was continuing to grow. [65]

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62 Quoted from an article by Rikki Schlott, *Why more women are abandoning the pill over emerging health concerns,* New York Post, 1 February 2023, https://nypost.com/2023/01/30/young-women-abandoning-birth-control-pills-for-mental-health/. (Last accessed 3 February 2026.)

63 The original report has been removed from its original web link: http://www3.niaid.nih.gov/research/topics/STI/pdf/condomreport.pdf. Chastity.org claims to host a full copy of the text at: https://chastity.org/wp-content/uploads/2013/05/NIH-Condom-Report.pdf, p. 27. (Last accessed 5 February 2026.)

64 Guttmacher Policy Review: *Campaign to Disparage Condoms Threatens STD Prevention Efforts,* 2003, https://www.guttmacher.org/gpr/2003/03/public-health-advocates-say-campaign-disparage-condoms-threatens-std-prevention-efforts.

65 Alfonso Cardinal López Trujillo, *Family Values versus Safe Sex*, Pontifical Council for the Family, 2003, https://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_20031201_family-values-safe-sex-trujillo_en.html#HIVincrease. (Last accessed 5 February 2026.) This document was heavily criticised because of its provenance from within the Catholic Church, despite the quality of its arguments and the international expertise of those on the Pontifical Council for the Family who advised the Cardinal. For a separate account of how abstinence education, promoted by churches and mosques, helped to change mores and bring down the HIV rate in Uganda, see Gary Slutkin et al, *How Uganda Reversed Its HIV Epidemic, AIDS and Behavior, July 2006, https://pmc.ncbi.nlm.nih.gov/articles/PMC1544374/.* (Last accessed 31 March 2026.)

Recent CDC releases on *How to Prevent STIs* and *Condom Fact Sheet in Brief* both claim that condoms consistently and correctly used are effective in reducing, but not eliminating, the risk of various STDs. [66] However, they emphasise that the extent of protection is difficult to quantify given that reliability depends on using them well and that this is done out of sight. Even those most at risk do not always use them consistently or on every occasion. Abstaining from sex or being in a faithful relationship with a disease-free partner are the only ways to be sure of avoiding STIs.

The UK now has some of the highest rates of STIs in Europe: the government figures for 2024 show a welcome decrease over 2023 in gonorrhoea, chlamydia and genital warts [67] but highlight the continuing increase in syphilis and accelerating numbers of antibiotic-resistant gonorrhoea cases.

STIs can be present and passed on without visible symptoms. They can return and in multiple types. They can be caught on a first sexual encounter and through oral sex. The only way to keep on top of them is by frequent testing but many do not do so.

While bacterial STIs, such as chlamydia, gonorrhoea and syphilis, can be cured if they are caught in time, viral STIs, such as HIV, herpes, HPV and hepatitis B, can be managed but not eradicated. STIs of all sorts damage fertility. Women are in general more susceptible than heterosexual men, and men who have sex with men (MSM) more susceptible still: MSM sex uses an excretory organ in ways for which it was never designed.

Supporting data from the STI prioritisation framework [68] draws on the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) and national surveillance data to spell out clear figures on MSM. About 2.6% of men in Great Britain are gay, bisexual or other men who have sex with men (GBMSM). Yet in 2023 they had a new STI diagnosis rate of 13,022 per 100,000, compared with 772 per 100,000 for all men, and accounted for 69% of syphilis and 48% of gonorrhoea diagnoses in England. Even within this group, the highest incidence of disease and repeat infections were found in a relatively small subset of GBMSM who had the densest sexual networks with multiple partners and chemsex.

66 CDC, How to Prevent STIs, April 2024, https://www.cdc.gov/sti/prevention/index.html; and Condom fact sheet in brief, 25 September 2025, https://stacks.cdc.gov/view/cdc/25376. (Both last accessed 18 April 2026.)

67 See Sexually transmitted infections and screening for chlamydia in England: 2024 report, updated 4 December 2025, https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report. The improved 2024 figures for chlamydia will, however, be influenced by the 10.7% drop in the number of tests carried out among women aged 15 to 24 years - 601,295 (2024); 673,102 (2023) and 944,736 (2019). Only 244,136 young men were tested in 2024, allowing others to remain at large as a reserve of infection. https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2024-report#NCSP.

68 UK Health Security Agency, Appendix 3. Supporting information, pp. 12-13, STI Prioritisation Framework: Appendix 3. Supporting Information. https://assets.publishing.service.gov.uk/media/6703c71fe84ae1fd8592eefa/appendix-3-supporting-information.pdf (Last accessed 20 February 2026.)

Commentary from the London School of Hygiene and Tropical Medicine of June 2024 suggests that the increased popularity of dating apps is resulting in a greater diversity of partners generally, with more sexual mixing and bridging between 'key populations', leading to more complex sexual networks. It goes on to say that there are increasing numbers of syphilis diagnoses among heterosexual men and women, which can include mother-to-child transmissions with devastating consequences. 'It's well-known that STIs disproportionally affect marginalised groups and predominantly impact young people aged 15 to 24 years.' [69]

A report from the Women and Equalities Committee of the UK Parliament (2024) [70] concludes that the recent STI statistics should be a wakeup call. The Government in its reply (10 April 2025) [71] agreed that, despite pressure on NHS funding, yet more money should be spent on testing and treatment and condom promotion.

Schools have a choice. Do they continue promoting a faulty mechanism to children because there is nothing better (following Guttmacher) or do they learn from Uganda and the Philippines and promote a confident policy of chastity? Teaching condoms in the classroom strips the male anatomy of dignity with the authority of school behind it. It invades the sexual imagination in a way that lingers, together with bananas, often when the rest of RSE, including facts and figures, are forgotten.

Condoms will have to be taught as part of lessons on contraception but they do not need to be demonstrated. The NHS has clear instructions on how to use them, both in words and in video, to which pupils can if necessary be signposted.

Section 3: How the RCOG proposed introducing sex education into the classroom

3.1 Getting past parents

Sex education has always been the preserve of the family, supported by the community as appropriate.[72] The task is not easy given how personal it is. Many parents were ill taught themselves and what they give to their children may leave too many questions unanswered.

RCOG 91 acknowledges the rights of parents but is quick to take advantage of them:

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69 Emma Harding-Esch, *The data suggest the demographics of STI infection spread is changing and further support the urgent need for renewed sexual health campaigns,* London School of Hygiene and Tropical Medicine, 17 June 2024, Expert Comment – STI rates increasing. https://www.lshtm.ac.uk/newsevents/news/2024/expert-comment-sexually-transmitted-infection-rates-increasing (Last accessed 13 April 2026.) The WHO fact sheet on *Sexually Transmitted Infections*, May 2025, https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)#:~:text=Treatment%20of%20STIs,slowing%20damage%20to%20the%20liver shows that there are now 30 different types of diagnosed STIs. (Last accessed 14 February 2026.)

70 The prevalence of sexually transmitted infections in young people and other high risk groups - Women and Equalities Committee, 26 March 2024. https://publications.parliament.uk/pa/cm5804/cmselect/cmwomeq/463/report.html (Last accessed 14 February 2026.)

71 The prevalence of sexually transmitted infections in young people and other high risk groups: Government Response, 10 April 2025, https://committees.parliament.uk/publications/47721/documents/249354/default/. (Last accessed 14 February 2026.)

72 Some faith communities insist upon parents' duty in this regard. For the Catholic Church, see: *The Truth and Meaning of Human Sexuality: Guidelines for Education within the Family, https://www.vatican.va/roman_curia/pontifical_councils/family/documents/rc_pc_family_doc_08121995_human-sexuality_en.html;* for Church of England: Resolution 12 of the 1930 Lambeth Conference, https://www.anglicancommunion.org/media/127734/1930.pdf. (Both last accessed 14 February 2026.)

> *'3.6 Parents, not surprisingly, given their own low level of sex education, do not see themselves as good sex educators and overwhelmingly support sex education in schools.'*
>
> The arrogance continues:
>
> *'3.7 …. A mature and caring attitude towards children is fundamentally important but many parents are handicapped by their inability to maintain their own relationship, by their negative and uncertain feelings about sexuality, and by their ignorance of reproductive physiology and contraceptive methods'.*
>
> ……
>
> *'3.10 Sex education at school can compensate to some extent for parents' lack of knowledge and their inhibition about sexuality and contraception. A properly organised programme of sex education can provide children with accurate factual information.'*

RCOG 91 draws its conclusions from a small research project which was sponsored by the FPA and the Health Education Council in 1985.[73] Sample sets of pupils, parents and their teachers were interviewed in three different cities over a three-month period. Only 14-16-year-olds were interviewed and there was no attempt to show that the fieldwork was representative of families across the country, or that faith and cultural backgrounds were considered. A large minority of children came from broken homes.

The project, conducted by Isobel Allen, is thus limited in scope but comes across as honest. It raises useful questions on the difficulties of introducing such a sensitive subject into the classroom. Contrary to the RCOG's summary, Allen acknowledges that some parents have always opposed school sex education. Despite this, she found that the majority of parents wanted varying degrees of school support, with single mothers asking for the most. Many parents lamented their own lack of instruction and wanted to rectify this for their children. Both parents and pupils asked for a focus on understanding the opposite sex.

In 2000, following on from SEU 99, the Government issued new *Sex and Relationship Education Guidance*[74] which says:

> *'5.1 Research shows that children and young people want to receive their initial sex and relationship education from their parents and families, with school and other adults building on this later. But many parents find it difficult to talk to their children about sex and relationships. In particular, fathers rarely take responsibility for giving sex and relationship education to their sons.'*

73 Isobel Allen, Education in Sex and Personal Relationships, Policy Studies Institute, 1987. The research includes a literature review of other available sex education studies, of which there were few.

74 Sex and Relationship Education Guidance (July 2000), DfEE 0116/2000, https://education-uk.org/documents/dfee/2000-sex-education.pdf, pp. 25-26. (Last accessed 14 February 2026.)

And so it was assumed that schools could fill the gap, supposedly supporting parents but in practice largely taking over from them.

Adults and children alike respond to the modesty of the subject, but whereas adults can hide, their children receive what they are given. Putting adult sensitivities before those of the young is the wrong order of priority: who knows how many children have suffered as a result?

Parents expect their children to receive 'factual information' but sex education has always promoted contraception and a specific vision of life. This affects all elements of how the subject is taught. Girls are typically hesitant about going on the Pill [75] so it is hardly surprising that reproductive biology tends to favour its use and downplay its disadvantages. Likewise, one cannot teach the development of the adolescent brain and favour teenage sexual experimentation. [76] Nor can one teach the science of sexual bonding. Set out in a book like *Hooked,* [77] science confirms in fascinating detail what commonsense already dictates: early sex weakens later opportunities for marriage and children. After decades of school sex education, Chris Williamson and Louise Perry lament in a podcast together that men and women would make better adult choices if only they understood each other. [78]

The belief that sex can and should be normatively sterile laid the foundation for ever more radical ideas over the succeeding decades. As school lessons blossomed, parents have been prevented from knowing what their children are being taught. It is encouraging that the July 2025 RSE Guidance [79] now insists that all materials should be available to parents, but the guidance, which does not have the full force of law, is not always complied with either by schools or by school inspectors. Only a complete overhaul can give the subject a sure foundation.

3.2 Treatment of schoolteachers

The report assumes that all teachers might be called upon to deliver sex education, with no consideration for their personal beliefs.

> ***'3.39 We consider that basic health education, including sex education, should be an essential part of the initial training of all teachers. . . .'***
>
> *'7.4 Attitudes in schools to sex education would be improved if initial teacher training courses had health education as a compulsory component. This would include relationships, sexuality and contraception.'*

75 See SEU 99, p. 50-51.

76 For a useful account, see: Raising Children Network, Brain development: pre-teens and teenagers, https://raisingchildren.net.au/pre-teens/development/understanding-your-pre-teen/brain-development-teens. (Last accessed 16 February 2026.)

77 Joe S. McIlhaney and Freda McKissic Bush, Hooked: New science of how casual sex is affecting our children, Northfield Publishing, 2008.

78 Modern Wisdom Podcast: The Real Effects of 'No Strings Attached', Chris Williamson with Louise Perry, June 2022, https://www.youtube.com/watch?v=1_t4FtpR58w&ab_channel=ChrisWilliamson. (Last accessed 9 February 2026.)

79 See Section 4 below.

In addition, there would be specialist co-ordinators in each school, supported by selected health care professionals trained in family planning and sexuality. (7.4-7.8).

If someone wants to specialise in teaching sex to other people's children, should their motives not be examined?

Moral values are embedded in teaching sex education. Where teachers find that subject matter goes against their conscience, or where they know that facts are untrue and may lead children astray, it can be very difficult. With multiplying topics now including homosexual and transgender behaviours, multiple types of parenting and pornography, good teachers are being put in an uncomfortable spotlight. Some have lost their jobs, others are moving schools or leaving the profession altogether. As explained in the NSCU report [80], specialist education companies, who have no acquaintance with the pupils, are also being brought into schools.

Teachers are entitled to guard their eyes from looking at inappropriate materials. Some may be current or former porn addicts – one hears informally of occasions when porn habits have been discussed in school staff rooms. Others are LGBT activists and many teachers are defensive of personal lifestyles which do not give a good example. Problems multiply when an external company dedicated to sex education is invited into the school, as related in the NSCU report.

Free teacher training and school resources are regularly provided to schools by organisations with a commercial or ideological interest, such as BPAS, FPA, Brook, Stonewall, Mermaids, Durex and Planned Parenthood, often supported by public money from national and international sources.

3.3 Clinical services delivered through schools

The RCOG envisaged from the start that schools would be responsible not just for educating children in contraception but for facilitating their access to it. RCOG 91 states:

> *'7.8 Selected health care personnel trained in family planning and sexuality could be involved in the sex education of teenagers. …. Such staff could create links between the pupils and local services for young people.'*

'Confidential clinics' run by the school nurse became a regular feature in secondary schools as part of the Teenage Pregnancy Unit's (TPU) operation. [81] This raised the crucial question of who would be liable if a child suffered a severe or fatal reaction to Emergency Hormonal Contraception (EHC) given through such a clinic without parental knowledge. In 2009, Family Education Trust Director, Norman Wells, raised this with the authorities in conjunction with concerned mother, Christine Hudson:

80 See note 2 above.

81 The TPU was set up by Tony Blair's government in 1999 as part of its Teenage Pregnancy Strategy. See note 17 above.

Sir David Amess MP took up our query in the House, helping us to formulate three questions:

"Who would be responsible should a parent sue over a child's adverse reaction to EHC supplied:

1. on school premises, with the sanction of school governors;
2. on school premises, without the sanction of school governors; or
3. off school premises, but referred by a school nurse on school premises, without the sanction of the governors."

Our query variously went through the local Primary Care Trust (PCT), the TPU, the Department of Health, the DfES, and Vernon Coaker, Minister for Schools. After many months I received the following from Robert Macpherson at the TPU:

> *"I know that you have receive legal advice from the Department of Health (DH) that liability rests with the PCT, as the employer of the health professional who has provided the advice/treatment to the young person. I have subsequently asked DfES lawyers for their assessment.*
>
> *Their view confirms that the PCT is liable, but goes on to say that the governing body is responsible for ensuring that they have consulted with parents on the nature and scope of the service offered in the school, and that any necessary arrangements/ protocols are in place with the PCT, which clarify the nature and scope of the service. But the liability for the operation of the service rests with the PCT/health professional.*
>
> *In terms of the 3 scenarios that you present, therefore, any potential liability of the school depends on whether or not it has properly defined the nature and scope of the service to be provided by the PCT/health professional and consulted parents on it. For each scenario, therefore, all our lawyers are able to say is that it would depend on the facts of the particular case."*
>
> *'So parents are meant to be consulted on the 'confidential clinics', but I wonder how many have? Do schools ask them? In my daughter's school I discovered that the clinic was advertised on posters and on the inside of her lesson plan jotter.*
>
> *'Taking the DH lawyers at face value, if schools have not consulted widely (which must mean more than through elected parental governors) school governors may indeed be liable. It is a rude awakening to find the extent of the obfuscation and the mismatch between liability and authority. All of this (and more) comes down to government knowing that most parents would not agree with the sexual mores being progressively advanced on their children.'*
>
> Mrs Christine Hudson, Family Education Trust Member, 10 May 2026

3.4 Creating a new sexual ethic

RCOG 91 pays lip service to religious and moral norms in Chapter 3:

> *'3.11 …. Sex education should teach about the law as it relates to sexual behaviour and should respect religious, cultural and moral viewpoints.'*

but the thrust of its rationale is given in Chapter 5 on 'Factors influencing reproductive behaviour'.

Sexual behaviour is fundamental to being human and, when part of a mutually satisfying relationship, can be a major factor in mental health and happiness, it claims. Culture and religion influence behaviour, but, since Britain is now a pluralist society with only a minority practising a religion or being bound by cultural norms, and since politicians, religious leaders and media professions give little clear leadership, they propose their own principles of right and wrong:

> *'5.3 Many who do not regard themselves as adhering to a religion are aware that they need ethical principles to test whether actions are right or wrong. It has been suggested that there are four basic moral principles – autonomy, beneficence, non-maleficence and justice – and that these principles should be used to test whether an action is ethical. Expressed in everyday language these principles are:*

- individual people have value and an absolute right to exist and to control their own actions;
- actions should be intended to have beneficial effects;
- actions should not be intended to have harmful effects;
- actions should be fair in their effects.'

Applying this to sexual relationships, they go on to say that any sexual activity should be mutually desired (present day 'consent') and be directed towards beneficial effects, such as 'deepening the bond between the partners, giving mutual pleasure or conceiving a wanted pregnancy'. There should be no harmful effects 'such as feeling exploited, transmitting a disease or conceiving an unwanted conception'. They should be fair to other people and existing commitments. Where these principles are in conflict, that which leads to the least harm and greater good should be chosen. [5.1-5.4]

Chapter 5 ends with another insistence that legal abortion must be available given that some unwanted pregnancies are 'inevitable'.

Why a college of doctors is entitled to put forward its own ethics on behalf of the nation's children is not explained. A Nuffield Trust article on *Teenage Pregnancy* of 30 October 2025 no longer even mentions fairness. Access to safe and free abortion and contraception, in that order, are the key issues. There is no consideration of the life of the child or the harms those abortions may bring to the physical and mental health of the mother and father. [82]

82 Nuffield Trust, Teenage Pregnancy, 30 October 2025, https://www.nuffieldtrust.org.uk/resource/teenage-pregnancy. (Last accessed 10 February 2026.)

The act of sexual intercourse, to which RCOG 91 gives such light reference, has always been recognised in the UK as part of the marriage covenant. It is still recognised as such in law where the bond is between a man and a woman. [83] The act confirms with the language of the body the traditional vows spoken during the wedding ceremony: the spouses are freely undertaking to give themselves wholly and exclusively to each other, body and spirit, in a permanent, life-giving bond which is ratified by the seriousness of being open to children. It is important to note that the meaning of the act is distinct from its pleasure, which is not automatic but can be beguiling.

It is so beguiling that there have always been protections around the young to keep them safe from its allurement. The age of consent, currently 16, is there for a reason and even this is young in today's world where youthful marriage is unlikely. Modern-day teenagers do not have the circumstances or maturity to take on permanent and exclusive bonds or to become parents together. As the chart below shows, teenage pregnancy regularly leads to abortion.

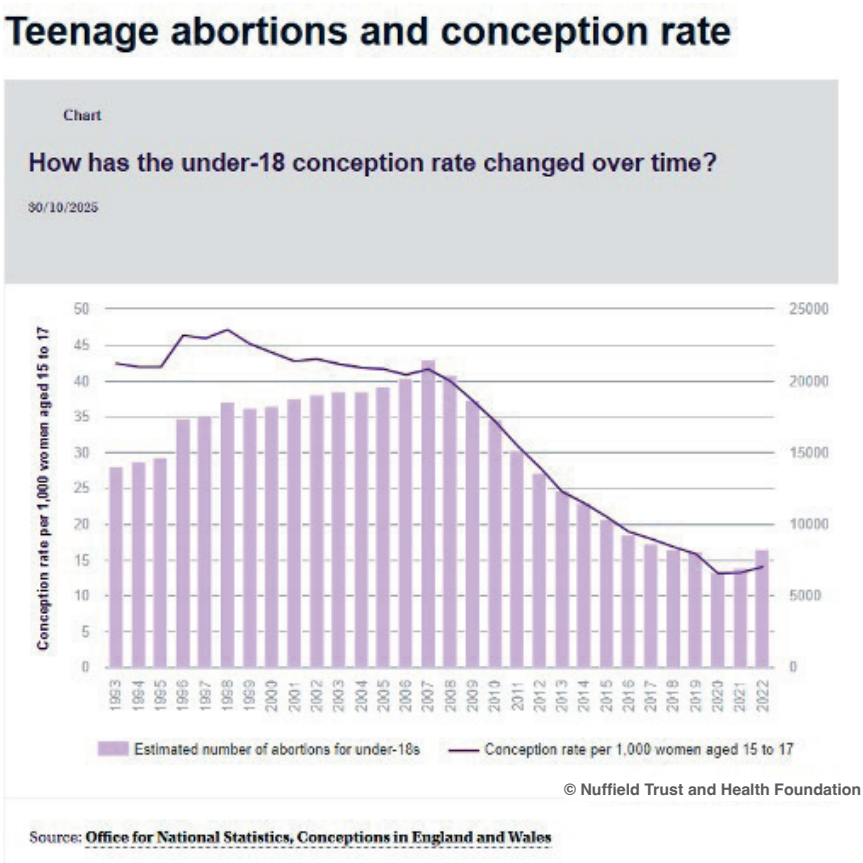


Figure 5: Conception rates for under-18s

Sex has always been a temptation outside marriage but to use school authority to teach children that sexual intercourse is beneficial at their age is a grave transgression. It takes from the seriousness of sex while they are at school and diminishes its meaning in later life.

83 This is evidenced by the fact that marriage between a man and a woman can be annulled (which is to say that it never fully took place or was voided) within the first year if it has not been consummated with sexual intercourse since the wedding. See UK Government conditions to *Annul a marriage, https://www.gov.uk/how-to-annul-marriage*. (Last accessed 1 April 2026.)

3.5 The feminist agenda had nothing for boys

Women should not only be able to enjoy sex as much as men: they should have equal access to the workplace:

> *'5.13 There is acceptance at a national level that women and men should have equal rights and opportunities. This has been associated with a fall in the marriage rate and an increase in the number of couples who cohabit because, within this relationship, women retain a greater degree of freedom to organise their own lives.'*

This echoes an earlier statement that:

> *'2.36 Some women and some men see marriage as limiting their freedom to develop themselves as individuals and prefer the looser relationship of living with their partners rather than becoming married. One reason for this may be that many men and women have witnessed at first hand the collapse of their parents' or own previous marriages and wish to avoid the similar trauma for themselves and their children. Another is the desire of women to avoid the secondary status that many wives have in relation to their husbands. …'*

RCOG 91 accepts that children need a stable home but assures us that this may occur within a stable partnership between unmarried people.

'About half the children born outside marriage had parents who were living together in a stable relationship' the report tells us – with no greater evidence than that, at the time of the child's birth, the parents were jointly registered at the same address. [2.15] [84] Elsewhere it admits that:

> *'2.35 No information is available on the duration of relationships between unmarried couples who live together and have children but the median time may be longer than the median times of 20 to 22 months observed by Haskey and Kiernan and, considering the high rate of divorce, may be little different from the duration of marriage. The ability of a couple to provide a stable caring home for their children may depend more on their personalities and the quality of their relationships than on whether they are married.'*

These references to 'stable relationships' are important because henceforth 'marriage and stable relationships' are regularly bracketed together in sex education as though they are the same thing. This leaves vulnerable girls, who regularly confuse sex with the love they long for, especially open to grooming. [85]

84 By age 14, 46% of UK children are not living with both natural parents. The majority of this comes from the break-up of unmarried couples. See the Marriage Foundation: Source of family breakdown - Marriage Foundation. https://marriagefoundation.org.uk/research/source-of-family-breakdown/(Last accessed 14 February 2026.)

85 In a prescient report on the rape gang murders, Unprotected: How the normalisation of underage sex is exposing children and young people to the risk of sexual exploitation, Norman Wells, as Director of the Family Education Trust, showed that a culture which views underage sexual activity as normal and encourages confidential provision of contraception to minors had helped to make the abuse of children go unnoticed, 2017, https://familyeducationtrust.org.uk/media/feif15ki/unprotected.pdf. (Last accessed 14 February 2026.)

Nowhere in the report is the role of boys considered, other than to say that girls are entitled to enjoy sex as much as them and both parties should learn about contraception. At puberty, boys' testosterone levels rise up to 20 times, [86] their adolescent brains are reforming and they are finding their place among their peers. To lift the natural restraints between the sexes and encourage active sexual engagement throws them off balance at a time in life when they are not ready to take on the adult male role of protecting, guiding and supporting a wife and child.

The economist, George Akerlof, shows how, with the coming of the Pill, men were no longer expected to marry their pregnant girlfriends. This led to an abrupt fall-off in rates of shot-gun weddings. [87] The burden on girls to be responsible both for the contraception and the consequences of failure does nothing to improve relations with the boys, especially given that girls frequently regret their early sexual engagement. This has led to an unfortunate growth in ideas of 'toxic masculinity' which is now being taught in schools. [88]

Easy sex, however, is not evenly distributed among men, but has proved to be monopolised by the most attractive, leaving many without lasting mates and easy prey for pornography and other addictions. [89] Such boys and young men become wary of courting girls and increasingly lack the skills and personal qualities to do so effectively.

All of these factors lead to one of the tragedies of modern society, which is the growing marriage gap between rich and poor. The Marriage Foundation describes how in 2015 it was first noted that, among parents with children under five, 87 per cent of those in the highest income quintile were married compared to 24 per cent of those in the lowest. [90] Marriage rates have since dropped even among high-earning parents but it is the poorest families who continue to suffer the most dysfunction, not only in the UK but typically in many developed countries. The promotion of marriage is good for society and good for social mobility. As we witness what happens under other arrangements, the benefits of marriage emerge even more strongly.

3.6 Teaching contraceptive safety empties chastity before marriage

Any action which involves our procreative capacity necessarily raises deep questions: Where does life come from? Where is it headed? What does it mean? Sexual morality is based on answers to these fundamental questions which religion and family culture typically hand down through the generations, bounded by the law. Each of us is also governed by our own conscience which alerts us when we act against our better nature.

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86 See John Gray, *Beyond Mars and Venus,* BenBella Books Inc, 2017, p. 57.

87 *An Analysis of Out-of-Wedlock Childbearing*, by George A. Akerlof and others, Oxford University Press, 1996, adapted for download by Brookings, https://www.brookings.edu/articles/an-analysis-of-out-of-wedlock-births-in-the-united-states/. (Last accessed 20 April 2026.) For a ten-minute skit of the impact of contraception on marriage prospects, see *The Economics of Sex,* The Austin Institute, 14 February 2014, https://www.youtube.com/watch?v=cO1ifNaNABY. (Last accessed 3 November 2026.)

88 Lottie Moore, *Boys and the Burden of Labels: An examination of masculinity teaching in schools,* Family Education Trust, 21 September 2024, https://familyeducationtrust.org.uk/research/boys-and-the-burden-of-labels-an-examination-of-masculinity-teaching-in-schools/. (Last accessed 10 February 2026.) On 10 February 2026, the Government announced an £11 million grant to fund three pilot programmes for schools as part of their Violence Against Women and Girls Strategy, https://schoolsweek.co.uk/violence-against-women-and-girls-strategy-everything-schools-need-to-know/. (Last accessed 10 February 2026.)

89 Mark Regnerus, *Cheap Sex*, Oxford University Press, 2017.

90 See the Marriage Foundation, *The Marriage Gap,* 2021, https://marriagefoundation.org.uk/research/the-marriage-gap/. (Last accessed 7 May 2026.) Melissa Kearney's book, *The Two-Parent Privilege: How the decline in marriage has increased inequality and lowered social mobility, and what we can do about it,* University of Chicago Press, 2023, goes into the dynamics of family structure and its impact on children in well-referenced detail. It includes a comprehensive bibliography.

Guilt and the need to suppress it are constant themes throughout the RCOG report, summarised at the end of the main text:

> *'6.23 Easy access to effective contraception is an essential factor in preventing unwanted pregnancy but, to use contraception, couples have to feel that their sexual behaviour is legitimate and have to be able to communicate about sexual matters so that contraception can be planned.'*
>
> *'6.6 [Sex education] must accept that the sexual drive is strong and that well-managed sexuality is fundamental to individual happiness and a major factor in the stability of relationships between couples. Much of the difficulty that couples have in managing their sexual activity is due to their feeling that sex is embarrassing, disapproved of and potentially dangerous, with the result that sexual pleasure is mixed with guilt and anxiety.'*

i.e. you cannot promote contraception at school as a tool to prevent teenage pregnancy while also upholding the norm that sex belongs within marriage. Those who are sexually active just will not come forward for their pills and condoms unless they feel publicly validated and so can override their natural sense of shame, which remains a common emotion.

Sexual activity is not evenly spread. SEU 99 tells us that the risk of becoming a teenage mother: 'is almost *ten times* [their italics] higher for a girl from social class V (unskilled manual) than those in social class I (professional); it is three times higher still for those living in social rather than owner-occupied housing.' [91]

Instead of educating poorer and more vulnerable children to follow the morals and behaviour of more privileged families, the morals of the latter have been systematically undermined. The message has been put out that *all* children are potentially promiscuous, ignoring statistics which show the protective role of good family structure, religion and engaged upbringing from fathers as well as mothers.

3.7 New adult trends leave RSE behind

The NSCU report spoken of at the beginning of this paper was prompted by the expansion of RSE into discussing unhealthy sexual behaviours, often behind parents' backs.

There is another trend in adult sexual behaviours which has a direct bearing on RSE but which has gone largely unnoticed. Women are becoming increasingly unhappy with hormonal contraception and are asking for something better.

Camille Knight, writing in Cambridge Varsity magazine, is an example of this. 'What started off as a tool for female emancipation now reinforces traditional gender roles,' she says. Why should women put up with loss of libido, depression and weight gain while men refuse to do so – promising male contraceptives are abandoned because of similar side-effects. [92]

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91 Op cit, p. 17.

92 Camille Knight, 60 years of the contraceptive pill and there's still a long way to go, Varsity magazine, 10 July 2020, https://www.varsity.co.uk/science/19604. (Last accessed 4 February 2026.) The first male contraceptive was developed alongside the female: one man's testicles shrank and the pill floundered; later three women died but the Pill spread. Efforts for men have yet to gain commercial viability.

In 2021 Public Health England commissioned a survey into Women's Reproductive Health. This found that 18% of those women wishing to avoid pregnancy were using 'no method or an unreliable method', the latter said to include fertility awareness apps, withdrawal and calendar rhythm. It is notable that the survey was carried out not by point of distribution but by invitation on Facebook and Instagram. Self-selection limits the scope of the survey, as its designers admit that experts no longer have as much control over women's behaviour. [93]

The most striking evidence of change comes from a large report from the contraceptive and abortion provider, BPAS.

3.8 BPAS: Contraception Re-Imagined: The Unfinished Revolution, March 2025. [94]

The Foreword begins:

> *'When it comes to contraception, we tend to think we're spoilt for choice. You've got your patch, your coil, your ring, your injection, your various formulations of the pill and mini pill: what more could we possibly want?*
>
> *'This impression of choice is, however, an illusion; if your choice doesn't, for whatever reason, include hormones, you will find you've run out of choices pretty quickly. The only choice you're generally making is how you want your hormones served up.*
>
> *'In the sixty years since the pill first ushered in the sexual revolution, there has been remarkably little contraceptive innovation, and young women today are still relying on the same basic science to prevent pregnancy as their mothers. It's hard to think of another field of medicine that has remained similarly stagnant over this time period.'*
>
> Contraception Re-Imagined, p. 5

The report goes on to explain that during Covid lockdowns many women found it hard to access contraceptive services. Social media gave them new opportunities to exchange their experiences with each other, egged on by media influencers who actively questioned existing methods. In 2024, BPAS decided to commission an independent survey of the state of play which drew responses from 1,000 women aged 18-45 from across the UK.

93 Women's Reproductive Health Survey 2021 national pilot: contraception and abortion results, Department of Health and Social Care, 30 January 2025, https://www.gov.uk/government/publications/womens-reproductive-health-survey-2021-national-pilot-contraception-and-abortion-results/womens-reproductive-health-survey-2021-national-pilot-contraception-and-abortion-results. (Last accessed 6 February 2026.)

94 BPAS, Contraception Re-Imagined, The Unfinished Revolution, https://www.bpas-campaigns.org/wp-content/uploads/2025/03/BPAS-Contraception-Report-March-2025.pdf. (Last accessed 6 February 2026.)

The survey found that 49% of respondents were continuing to face barriers in accessing their contraception of choice. One in seven said that they were dissatisfied with their contraception's side effects. Eighty-four per cent had changed their method of contraception at some point, with the average woman changing her method twice. 'Growing dissatisfaction with side-effects from hormonal contraception and the limited range of nonhormonal contraceptive options appear to be leading more and more women to turn to Natural Family Planning methods, often called fertility awareness-based methods (FABM).'[95]

The BPAS report is limited in its scope. Nothing is said about the known failure rate of condoms against disease and the need for something better in that department. Nor is the impact of hormonal contraceptives on future fertility mentioned, despite known risks.[96] These include diminishing sperm counts, which scientists are linking with water pollution.[97] Synthetic oestrogens, used especially in the Pill, have been found present in all lowland rivers in the UK, with male fish producing eggs in their testes; one in 10 were sterile and a quarter had damaged sperm, according to the company Pure Water People.[98]

What BPAS wants is the money to develop new artificial but non-hormonal drugs. It has two main recommendations. The first is for male contraceptives and the second, its main thrust, for 'contragestives'.[99] These would use drugs such as mifepristone and misoprostol (also used in RU-486) to disrupt embryo implantation, rather than prevent the egg and sperm from meeting. BPAS ignores known medical dangers in suggesting this[100] though it is aware of moral and legal difficulties.

When the contraceptive industry has nothing better to suggest than early abortion to avoid abortion we appear to have come a full circle.

3.9 Concluding remarks on RCOG 91

Contraceptive-backed sex education won favour because the idea is so simple: schoolgirl pregnancies were becoming a problem, most adult couples were using contraceptives themselves, educate the young to use them properly and the problem would be solved.

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95 Op. cit., p. 5.

96 Some women are able to conceive soon after leaving the Pill; others experience a delay or even struggle to conceive at all. Their fertile cervical mucus may be depleted or the lining of the endometrium thinned. The Pill may also have masked underlying conditions in those women who were put on it to suppress painful periods. For a useful account, see Can birth control cause infertility? Yes … and no, https://naturalwomanhood.org/pill-cause-infertility-yes-no/. (Last accessed on 16 February 2026.)

97 E.g. Germline and reproductive tract effects intensify in male mice with successive generations of estrogenic exposure, by Dr Pat Hunt, Tegan S. Horan and others, PLOS Genetics, 20 July 2017, https://journals.plos.org/plosgenetics/article?id=10.1371/journal.pgen.1006885. (Last accessed 16 February 2026.) Dr Lanfranchi also explains in her book why synthetic hormones linger in the water supply. She cites research linking them with the falling male sperm count, op.cit.,pp. 13, 56 and 57.

98 Campaign to Protect Rural England, Hormones... the menace in our water - CPRE Kent, 4 January 2022, https://www.cprekent.org.uk/news/1082/. (Last accessed 16 February 2026.) As yet, efforts to clean artificial hormones out of the water have not been effective at scale; any method would add to the cost of water.

99 See Peter D. Williams, 'Just Say Oui' (To an Informed Debate About Emergency Contraception), Family Education Trust, for an explanation of contraceptives, contragestives and emergency contraception, March 2025, https://www.familyeducationtrust.org.uk/research/just-say-oui-to-an-informed-debate-about-emergency-contraception/. (Last accessed 7 February 2026.)

100 See The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event, by Jamie Bryan Hall and Ryan T Anderson (Ethics & Public Policy Center), April 2025, https://eppc.org/publication/the-abortion-pill-harms-womeninsurance-data-reveals-repeated-abortionattempts-due-to-high-failure-rate/. (Last accessed 16 February 2026.) This claims that serious adverse events from the drug are at least 22 times higher than reported on the label. On 4 June 2025, US Commissioner Marty Makary announced that the FDA would be reviewing mifepristone.

CSE programmes are regularly assessed on the number of school pregnancies and whether or not youthful sexual experimentation is being encouraged. This measure, while useful, is inadequate. It ignores the fact that CSE was never just a tool for teenagers but was designed to inculcate new attitudes towards marriage, family and sexuality as young people moved into adulthood. It encourages the young to indulge their sexual appetites before their childbearing years. Critically, it is a way of life dependent upon drug taking and/or using alien devices.

So what are we witnessing after thirty years?

Abortion – The latest abortion figures (2023) show a third of pregnancies were aborted, with a total of 277,970 abortions, an increase of 11% on the previous year's high.[101] Those most at risk were 20-24-year-olds, not so long after leaving school. New research shows that girls who have abortions under the age of 25 are particularly prone to mental health disorders.[102] There is also a growing awareness of how abortion impacts fathers.[103]

Marriage – Pensioners are more likely to marry than young men, with marriage rates down by almost 100 per cent for young people in the past 50 years.[104] Divorce rose steeply after introduction of the Pill. [105] Half the UK's children are now born outside marriage or civil partnership.[106] On present trends, only 58% of Gen Z women and 56% of Gen Z men will ever marry.[107]

Unplanned pregnancy – The most recent Natsal figures reveal that 16.2% of all British pregnancies are unplanned and 29.0% ambivalent; among 16-19 year olds, 45.2% are unplanned and 43.2 % are ambivalent; among 20-24 year olds, 17.4% are unplanned and 42.7% are ambivalent. On average, women in Britain spend about 30 years of their life needing to avert pregnancy. [108]

STIs – The UK Health Security Agency has had to provide an STI Prioritisation Framework to help contain high rates of infection and rebalance health disparities within limited financial resources. Recent approaches did little to curb rising rates over the last decade. Health risks include infertility, adverse pregnancy outcomes, neonatal infections, systemic infections, and permanent damage to cardiovascular and neurological systems. [109]

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101 Abortion statistics, England and Wales: 2023 - GOV.UK, https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2023/abortion-statistics-commentary-england-and-wales-2023. (Last accessed 16 February 2026.) For a comprehensive study of post-abortion pain and how it can occur decades later, see Theresa Burke with David C Reardon, Forbidden Grief: The Unspoken Pain of Abortion (Acorn Books), revised 2007.

102 Nathalie Auger and others, Induced abortion and implications for long-term mental health: a cohort study of 1.2 million pregnancies, Journal of Psychiatric Research, July 2025, https://www.sciencedirect.com/science/article/pii/S0022395625003309?via%3Dihub.(Last accessed 26 January 2026.)

103 Frederik Christiansen and others, Adverse Pregnancy Outcomes and Subsequent First-Time Use of Psychiatric Treatment Among Fathers in Denmark (Jama Network), 1 May 2024, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2818118?resultClick=1. (Last accessed 29 January 2026.)

104 Centre for Social Justice report, 8 February 2026, https://www.centreforsocialjustice.org.uk/newsroom/research-exposes-collapse-of-marriage. (Last accessed 16 February 2026.)

105 See 'Contraception: Why Not?', op cit.

106 Births in England and Wales: 2024, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2024. (Last accessed 16 February 2026.) This is a trend in many westernised countries: Out of Wedlock Births by Country 2025, https://worldpopulationreview.com/country-rankings/out-of-wedlock-births-by-country. (Last accessed 16 February 2026.)

107 The Collapse of Marriage Among Gen Z, https://marriagefoundation.org.uk/research/the-collapse-of-marriage-among-gen-z/ and TikTok Generation Say "I want to get married", https://marriagefoundation.org.uk/research/tiktok-generation-say-i-want-to-get-married/. (Both last accessed 16 February 2026.)

108 The Lancet: (Natsal-3), 30 November 2013, The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) - The Lancet. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62071-1/fulltext (Last accessed 20 February 2026.)

109 UK Health Security Agency, STI Prioritisation Framework, October 2024, https://www.gov.uk/government/publications/sti-prioritisation-framework. (Last accessed 16 February 2026.)

Infertility – Around 1 in 7 couples are having difficulty conceiving. [110] The total fertility rate in England and Wales has fallen to its lowest level on record, at 1.41 children per woman in 2024. [111] There are many factors in this decline, which is a worldwide phenomenon, but the values provided by Comprehensive Sexuality Education may be a factor.

Pornography – The UK is among the top users of porn: 29% of UK online adults accessed porn content in May 2024. [112] The Reward Foundation estimates that 1.4 million UK children a month watch porn. [113] The UK is also an OnlyFans leader, with an estimated 300,000 to 400,000 creator accounts; these enable young women to link sexual attention with making money. [114]

Mental health statistics and suicide – The proportion of 16 to 24-year-olds with a common mental health condition rose from 17.5% in 2007 to 25.8% in 2023/4. [115]

Loneliness – In 2022, a survey showed that 49.63% of UK adults (25.99 million people) feel lonely with 3.83 million experiencing chronic loneliness. Rates of loneliness have failed to drop back to pre-Covid levels. [116]

Many individual couples have found that contraception works for them, giving them the children they desire while helping them to manage their work-life balance. It has enabled many more women to train for the professions and stay in the paid workforce – Cecile Richards, former CEO of Planned Parenthood, used to boast that the Pill had raised women's earned incomes by a third. Employers have benefitted and the female contribution to public life has been large.

It is at population level that a clearer picture emerges. Babies are arriving when they are not wanted and are not arriving when they are – RCOG 91 and BPAS are correct in saying that 'the perfect contraceptive' has yet to be found.

What we also know is that there are especially large problems in giving contraceptives out to adolescents. Even if sexually active girls and boys evade pregnancy and STIs, the effects of the contraceptives and the sexual activity which they encourage may well have adverse effects on their studies, health, fertility and marriage prospects. It is irresponsible for adults in authority to give children a false foundation for their life choices.

110 NHS, Overview of Infertility, https://www.nhs.uk/conditions/infertility/. (Last accessed 16 February 2026.)

111 ONS, Births in England and Wales: 2024 (refreshed populations), 27 August 2025, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsummarytablesenglandandwales/2024refreshedpopulations. (Last accessed 13 April 2026.)

112 Ofcom: Online Nation: 2024 Report, https://www.ofcom.org.uk/siteassets/resources/documents/research-and-data/online-research/online-nation/2024/online-nation-2024-report.pdf?v=386238. (Last accessed 26 February 2026.)

113 The Reward Foundation, https://rewardfoundation.org/ also estimates that children make up 20-30% of users on adult Internet porn sites. (Last accessed 28 October 2026.) The Reward Foundation's home page gives the 20-30% figure today.

114 Enforcity, How Many OnlyFans Creators Are There in the World? April 2025, https://www.enforcity.com/onlyfans-success/how-many-onlyfans-creators-are-there-in-us-uk-australia. (Last accessed 16 February 2026.)

115 NHS, *Adults Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4*, https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24. (Last accessed 16 February 2026.)

116 Campaign to End Loneliness, https://www.campaigntoendloneliness.org/facts-and-statistics/. (Last accessed 16 February 2026.)

The UK is suffering some of the worst family breakdown in the developed world and we are not raising enough well-rounded children to take our society forward to renewed prosperity. The human toll in bodily, mental and spiritual health is unravelling around us at both a society and individual level. The BPAS paper is a wake-up call and also a prompt to rethink the whole policy of treating fertility as though it is a disease which can be controlled.

In her book The Sexual State, [117] Dr Jennifer Roback Morse expands upon her thesis that the Sexual Revolution has come about not just because of policies but because of three basic ideas, which are:

> 'A good and decent society should:
>
> 1. Separate sex from childbearing: the Contraceptive Ideology;
> 2. Separate both sex and childbearing from marriage: the Divorce Ideology;
> 3. Eliminate all distinctions between men and women except those that individuals explicitly embrace: the Gender Ideology.'
>
> Dr Jennifer Roback Morse in The Sexual State, p. 22

One can see how all three themes were already present in RCOG 91, but the first is most critical. Contraception provides the necessary tool and concept on which everything else rests - and the excuse to come into the classroom to teach them. [118]

If sex education is no longer to be built up around a failed policy of consequence-free sex, what is it to be? How do you meet the expectations of the young people themselves? How do you win over their parents, teachers, and school governors?

To answer this one needs to address the dream that drew many women towards the Pill in the first place: that women should be able to balance their desires for family with work outside the home, and that they should be able to enjoy sexual engagement in a committed relationship without being overloaded by pregnancy. This dream caters for the happiness of all members of the family, the women, the men and, most importantly, the children. It also answers the needs of society.

RSE is firmly set within the school curriculum. With daring it can be transformed to promote an education which truly meets the needs of every child. The next section of this paper suggests how you might do it within Government Guidelines for RSE, the latest version of which was published in July 2025.

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117 Dr Jennifer Roback Morse, The Sexual State: How Elite Ideologies Are Destroying Lives and Why the Church Was Right All Along, Tan Books, 2018. Louise Perry in The Case Against the Sexual Revolution, Polity, 2022 and Mary Harrington in Feminism Against Progress, Forum, 2024 are among those questioning whether women have gained from the sexual revolution. Helen Andrews, in her essay The Great Feminization, suggests that society is suffering from over-feminization of the workplace.

118 Those promoting contraception did not foresee that artificially stripping sex of its biological meaning would affect sexual desire. In her book, Sex-tinction: The Decline in Sex and the Future of Intimacy, Dimensions, 10 February 2026, Dr Debra Soh points out that, while society has never been more sexualised, people across all age groups are having worryingly less sex. Chris Williamson explores this with her in his Modern Wisdom podcast: Sexless Existence, March 2026, https://www.youtube.com/watch?v=-ZfEvx4-7SE&t=4100s&pp=ygUXbW9kZXJuIHdpc2RvbiBkZWJyYSBzb2g%3D. They discuss: the problems of hypergamy, how the Pill has changed female sexual choice, porn's devastating impacts, sexlessness destroying marriages, loneliness, the sex doll revolution, lack of babies and the pain experienced by women who are not having the babies they long for. (Last accessed 1 April 2026.)

Section 4: New goals for sex education taking account of the latest RSE guidance

4.1 Introduction

Each new generation of children starts life with fresh curiosity about the world and the desire to love and be loved within it. RSE, as the subject inherited from RCOG 91's sex education, reaches every child in every school. No campaigner who is serious about restoring marriage, family and the sexual morality that protects them can afford to neglect it. Either RSE will continue to corrupt children's moral compass before they leave school, or the subject must be turned around to promote the family values which current RSE undermines.

The latest Department for Education's statutory guidance for *Relationships Education, Relationships and Sex Education (RSE) and Health Education* [119] [henceforth referred to as RSE 25] was published in July 2025. The document looks very different from RCOG 91 but retains key characteristics, including the idea that sexual engagement is a licit part of growing up for those who wish to engage in it. The conditions are 'consent' by each party and being adequately protected by contraception. Actively teaching contraception thus remains central to RSE as necessary to every child's school education, unchallenged but also unchanged (except that it is now accompanied by recommendations for STD checks). [120]

From that contraceptive key, that sexual engagement can be thought of without its meaning in marriage and childbearing, come other entitlements. These have mushroomed to include masturbation, pornography, lesbian, gay, bisexual and transgender content but all rely for their legitimacy on the notion that the medical establishment can provide the necessary protection given that contraception is well taught and understood at school.

Three contradictory themes emerge from RSE 25: children's safety and personal dignity; their growth in virtue and social skills; and the promotion and protection of their sexual liberty. This clash of goals, coming on top of BPAS's report on present contraceptives, gives reformers an opportunity to suggest a fresh approach to RSE. This would take advantage of those elements of the official guidance which can be cited in support of this.

4.2 The case for reform

Repurposing a programme of sex education after more than thirty years' duration takes conviction and clarity of vision. The aim would be to enable young people to rediscover the value of chastity and have the strength of character to live it not only while they are at school but in their courtship years as well.

Contraceptive-backed sex education was introduced to check the rise of unplanned pregnancy. The official figures show what has happened since:

119 Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers, July 2025. https://assets.publishing.service.gov.uk/media/6970e7e67e827090d02d42e0/Relationships_education_relationships_and_sex_education__RSE__and_health_education__for_intro_1_September_2026_.pdf. (Last accessed 27 January 2026.)

120 See p. 19, 35-36, including medical consent and reference to Gillick competence.

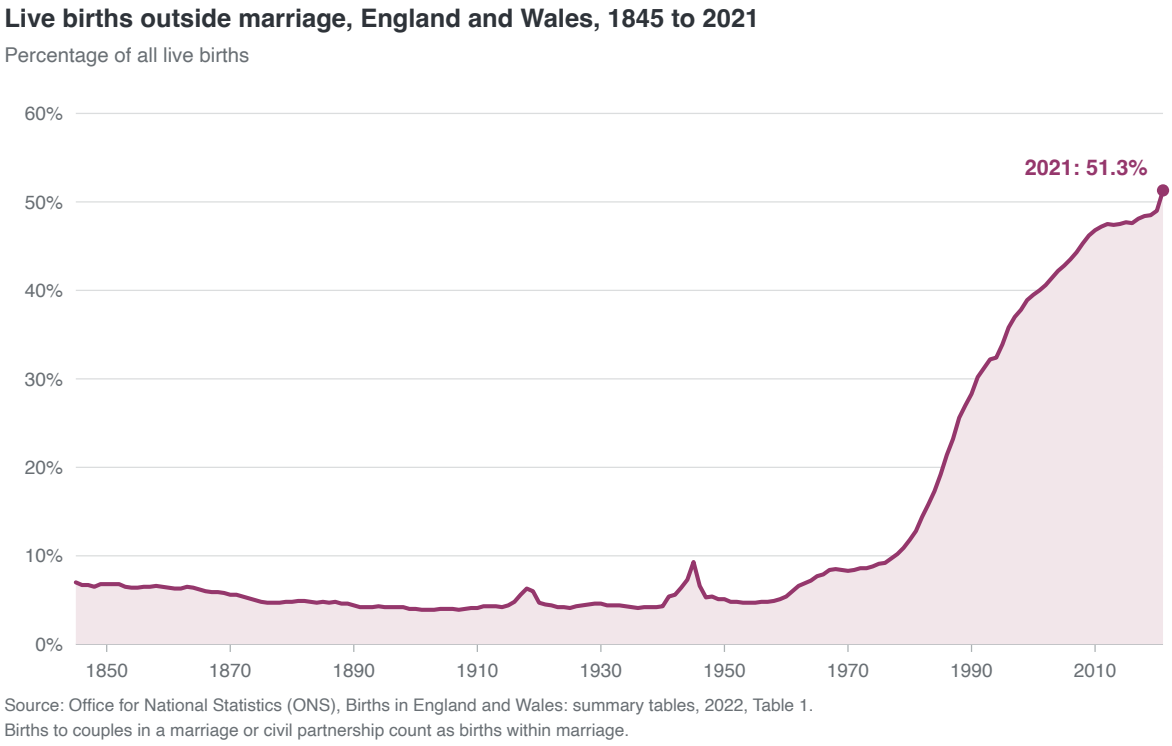


Figure 6: Live births outside marriage, England and Wales, 1845 to 2021 [121]

If it included abortions, the chart would be more dramatic. Births out of wedlock are not necessarily the same as unplanned pregnancies, but this is hardly the anticipated result of public investment in contraception and sex education. [122]

A second chart reveals another major concern: that it is the collapse of births among the under 30s which is leading to our present demographic decline:

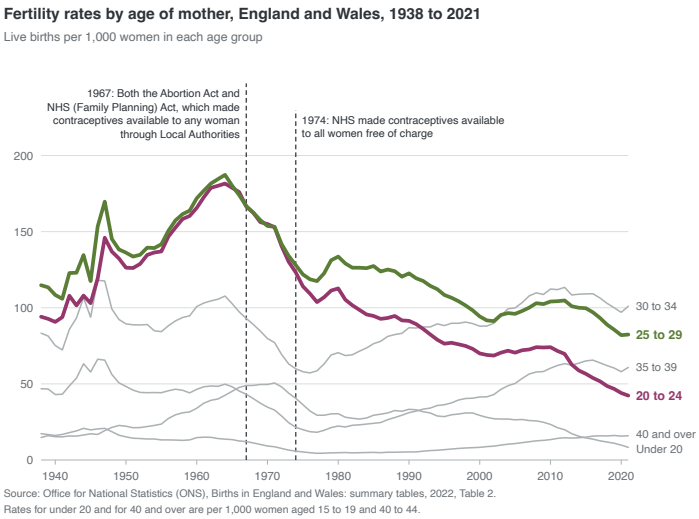


Figure 7: Fertility rates by age of mother, England and Wales, 1938 to 2021 [123]

121 See also Joe Pinkstone, More babies born out of wedlock than into married families for the first time on record, The Telegraph, 9 August 2022, https://www.telegraph.co.uk/news/2022/08/09/babies-born-wedlock-2021-first-time-record/. (Last accessed 3 February 2026.)

122 Harry Benson, The Marriage Gap, Marriage Foundation, March 2025, discusses why the falling away from marriage matters and is especially hurting the poor, https://marriagefoundation.org.uk/wp-content/uploads/2025/03/MF-paper-Marriage-gap-March-2025.pdf. (Last accessed 3 February 2026.)

123 See also Joe Davies and Emily Craig, Majority of babies born out of wedlock in 2021, Daily Mail, https://www.dailymail.co.uk/health/article-11095693/More-babies-born-wedlock-2021-time-record.html. (Last accessed 3 February 2026.)

The central change for a new approach to RSE would be to supplant the promotion of contraception with an integrated vision of sexuality, physical, emotional and spiritual. Fertility awareness-based methods (FABMs) and contraception are built on the same science. Contraceptive science has largely stalled but our understanding of human nature continues to grow and support the sexual morality inherited from our Judeo-Christian culture. From it, the principles of natural family planning can be readily understood without needing to study the details.

There is enough flexibility within RSE 25 to adjust the thrust of the subject, given that one makes determined use of the freedoms which are offered, which include:

> *'5. Schools must have regard to the guidance, and where they depart from those parts of the guidance which state that they should (or should not) do something they will need to have good reasons for doing so.'*

There are good reasons for insisting on a change of direction in specific areas which can be spelt out.

> *'15 c.* ***Positivity.*** *Schools should focus on building positive attitudes and skills, promoting healthy norms about relationships, including sexual relationships where relevant, and about health, including mental health.'*

There is a strong case for showing how chastity promotes children's mental health and premature sexual activity undermines it.

> *'15 e.* ***Relevant and responsive.*** *Schools should develop the curriculum to be relevant, age and stage appropriate and accessible to pupils in their area.'*

The aim would be to involve parents as much as possible, especially with younger children. Intruding on the latency period in pre-puberty children with sexual information is damaging. Modesty towards sex is unique to human beings and children should understand this. Pupils of all ages vary in their sexual maturity and the needs of late-developers have to be taken into account.

> *'31. Primary schools should consult parents about the content of anything that will be taught within sex education. This process should include offering parents support in talking to their children about sex education and how to link this with what is being taught in school as well as advice about parents' right to request withdrawal from sex education.'*

Primary schools do not by law have to teach 'sex education' but, given the absence of any legal definition of the subject, many intrude on parents' prerogative. This point could be helpful in pointing this out and, for the sake of all children, insisting that schools help parents teach instead of taking over from them.

> *'73. RSHE should be sensitive to the religious background of pupils, and schools must ensure they comply with the relevant provisions of the Equality Act 2010, under which religion or belief are amongst the protected characteristics.*
>
> *'74. All schools may teach about faith perspectives on these topics. In particular, schools with a religious character may teach their distinctive faith perspective on relationships, and balanced debate may take place about issues that are contentious. For example, the school may wish to reflect on faith teachings about certain topics as well as how their faith institutions may support people in matters of relationships and sex. Schools should be clear when they are delivering content that reflects religious belief.'*

For the last decades, traditional Judeo-Christian teaching on marriage and sexuality has been systematically undermined in the classroom. The authority of schools has also been used to weaken the authority of parents in their own homes on as intimate a subject as sex. The science outlined in this paper should give religious leaders the confidence to teach sexuality as part of their faith so that doctors and sex educationalists can no longer cite an ethical void which they are at liberty to fill. Neither should faith schools hesitate to include every child in their teaching. If parents choose a faith school, they should expect the faith to be taught there with assurance.

Taken together, the above points provide a path to teach chastity and marriage, combining secular with religious arguments in a compelling way.

4.3 Continuing the fight for marriage

Problematic points in RSE 25 include:

Primary that 'a wide range of family structures' should be taught in a positive way (point 26); that 'stable, caring relationships are at the heart of safe and happy families and are important for children's security' [without mentioning marriage], and that civil partnerships should be esteemed as equivalent to marriage because of the legal rights which have been given to them (*Relationships Education content for primary, points 4 and 5*).

Secondary pupils are to be told under the heading Families that 'there are different types of committed, stable relationships', 'how these contribute to wellbeing, and their importance for bringing up children', before being told 'why marriage or civil partnership is an important relationships choice for many couples' referencing the legal benefits they bring (*Families content, points 1– 3*).

Stable relationships versus marriage

Non-marital sexual relationships are slipped into privately and at any age; they can only be assessed as 'stable' by looking backwards. Young people, especially girls, can easily be fooled into sex thinking that this relationship will be stable. This opens the way for grooming.

Marriage looks forwards. It includes public promises of sexual behaviour which support exclusive and permanent love and commitment. Marriage is only entered into at age 18 or over and after careful thought. Teaching chastity and marriage protects children from rash actions which may damage their long-term desires.

Sadly many children today do not have the advantages of living in a married family, but all are given a second chance: young people from any background are free to form married families of their own. Those who come from blended families *need more*, not less, support to do this, which should be a key goal of RSE. Some behaviours are conducive to future married life and some sabotage it.

While it is right that children should be shown how to increase their love and respect for their existing families, and respect the families of their classmates, it is irresponsible to undermine rather than build up children's inborn desire for marriage.

In confusing relationships of various kinds with marriage, RSE 25 is undermining a central tenet of Judeo-Christian morality. It overlooks what we now know about the instability of unmarried relationships [124] and that it is men who most often lose out on fathering their own children. It directly undercuts teaching boys that they have a unique and permanent role in the family.

It also presents safeguarding issues, given that unmarried sexual relationships are not always 'stable and caring' and often lead to difficult blended families: it is now well known that girls are especially vulnerable to abuse from stepfathers and from their own and their mothers' boyfriends. [125] Interestingly, a 2012 study by sociologist Mark Regnerus, which shows that children from same-sex relationships fare less well on multiple counts than those from intact biological families, has recently been independently validated after having been disputed for many years. [126]

124 The Marriage Foundation finds that, even now in the UK, if parents are married, 75% stay together whereas only 30% do so unmarried, https://marriagefoundation.org.uk/research/the-marriage-gap-2/. (Last accessed 23 February 2026.) As a result, nearly half of UK teens no longer live with both parents, driven more by the break-up of unmarried couples than by divorce, https://marriagefoundation.org.uk/the-top-10/. (Last accessed 29 October 2026.)

125 Dr Patrick Fagan, Sexual Abuse, Marriage & Religion Research Institute, 2014, https://marri.us/the-deconstructionists-war-on-girls-an-ag-who-protects-the-predators-not-the-victim/. (Last accessed 23 February 2026.)

126 Mark Regnerus' extensive study into How different are the adult children of parents who have same-sex relationships, 2012, was part of the larger New Family Structures Study, Elsevier Inc, https://www.baylorisr.org/wp-content/uploads/Regnerus.pdf. It challenged the theory that children of gay parents do as well as those raised by their own mother and father but his results were quickly disputed. In 2025, Cristobal Young and Erin Cumberworth, of Cornell University, chose to use Regnerus' study as part of a project to show off their Multiverse Analysis system (https://www.cambridge.org/us/universitypress/subjects/social-science-research-methods/quantitative-methods/multiverse-analysis-computational-methods-robust-results) whereby new computational methods are applied to old data to show how a project's results have been influenced by the author's subjective analytical choices. Young and Cumberworth were surprised to find that, when they applied Multiverse Analysis to Regnerus' original data, his 2012 findings stood up robustly. See Paul Sullins, New Vindication for the Regnerus Same-Sex Parenting Study, Public Discourse, 13 July 2025, https://www.thepublicdiscourse.com/2025/07/98359/ for an account. (Links last accessed 30 March 2026.)

Ron Deal, founder of Smart Stepfamilies, [127] explained in his presentation at the World Congress of Families in Mexico that there are 67 potential reconfigurations of blended families. [128] He pointed out that, when parents fall out, other close relationships, for instance with grandparents, also suffer. Blended families have less authority over their children who are often forced to dissemble: he gave as an example the position of a child who likes the new stepfather but cannot admit it to his own dad. It typically takes 5-7 years to establish a reconstituted family securely. There are families who cope with disruption in exemplary ways, but to model broken structures is unacceptable because of the strain and suffering they cause to children and to society. This is exemplified in a report of 1999, which reveals a marked increase in mental health disorders among children of disrupted families [129], and by a report from the Centre for Social Justice of 2019, which estimated the costs to the UK government at a conservative £51 billion. [130]

Ian Rowe, co-founder and CEO of the Vertex Partnership Academies [131] in the Bronx, is an example of someone who boldly teaches the Success Sequence, originally developed by Ron Haskins and Isabel Sawhill, to his pupils: finish high school with qualifications, get a job, marry and then have your children and you have a 97% chance of avoiding poverty, with a large chance of entering the middle class. [132] Eighty-five per cent of his children come from broken homes and their mothers, far from complaining, wish that they had been given such lessons. Like Katharine Birbalsingh, Headteacher of the Michaela Community School in London, [133] he refuses to treat any child as a victim, regardless of the circumstances.

One cannot teach children the value of family without first giving them a clear idea of what family is.

127 Smart Stepfamilies (https://smartstepfamilies.com/) is a Christian outreach programme to help blended families live together amicably.

128 For Ron Deal's one minute explanation of the 67 varieties, see FamilyLife Blended, March 27, 2023, https://www.familylife.com/podcast/familylife-blended-minute/67-varieties/. The World Congress of Families took place in Mexico between 30 September – 2 October 2022 with, at its height, an audience of c. 9,000 people.

129 ONS Social Survey Division, *The Mental Health of Children and Adolescents in Great Britain,* 1999, https://www.dawba.info/abstracts/B-CAMHS99_original_survey_report.pdf. (Last accessed 20 April 2026.) This surveys the prevalence of mental health disorders, their consequences for the child and connected persons, and the use of public services. The problems are clearly greater among those with lone parents or reconstituted families, and among the poor.

130 CSJ, *Why Family Matters,* 2019, https://www.centreforsocialjustice.org.uk/wp-content/uploads/2019/04/CSJJ6900-Family-Report-190405-WEB.pdf (Last accessed 13 February 2026.) The report lists how family breakdown impacts the children, increasing homelessness, prison sentences, educational underachievement, alcoholism, teen pregnancy, mental health, debt and being on benefits. Critically, a similar pattern of brokenness is more likely to pass to the next generation.

131 Ian Rowe says of the Vertex Partnership Academies (https://www.vertexacademies.org/) that they set them up to develop virtuous high school graduates able to lead self-determined and purposeful lives guided by the four cardinal virtues of Courage, Justice, Temperance and Wisdom.

132 Ron Haskins and Isabel Sawhill drew out the Success Sequence in *Creating an Opportunity Society,* Brookings Institution Press, 2009, https://www.brookings.edu/wp-content/uploads/2016/07/CreatinganOpportunitySociety1.pdf/. The Success Sequence was further developed by Wendy Wang and Brad Wilcox in *The Power of the Success Sequence for Disadvantaged Young Adults*, Institute for Family Studies, May 2022, https://ifstudies.org/ifs-admin/resources/reports/successsequencedisadvantagedya-final.pdf. The rationale behind the Success Sequence reinforces the UK Marriage Foundation's case that teaching marriage is a necessary element in social mobility, https://marriagefoundation.org.uk/research/the-marriage-gap-2/. (All last accessed 8 April 2026.)

133 Katharine Birbalsingh spoke at the 2025 Annual Conference of the Family Education Trust on You Shouldn't Be Friends with Your Kids, https://www.youtube.com/watch?v=hFZqYegwfYU. (Last accessed 13 February 2026.)

Family as the first cell of society

Family is not just a building block into which individuals are grouped. It is an organic part of who we are, created by blood. We are born into the family formed by our mother and father, who bring with them ready-made relationships, including grandparents, aunts, uncles and cousins. The only bond within a family which is freely chosen (other than in adoption) is that between parents, which is why that special relationship has to be protected.

The bond between parents is also one of the flesh, a sexual one. Human beings are spirit as well as body and so, to be fully satisfied, that bond needs to be sanctioned at both levels. Marriage includes public vows of spoken commitment secured in private by the sexual act. It is ratified by the state and often blessed by religion. No politician or churchman can alter this.

The public status of marriage gives clarity to the definition of family. Marriage also helps to give men security that their children belong to them. This male desire illustrates the importance of blood. It is counterbalanced by children's yearning for connection with their biological family: those dissociated from theirs regularly suffer heartache. Interest in genealogy is another indication of this.

The stable union between the mother and father is necessary for society because bringing up a child comprises two tasks which no one person can perform: to nurture and to provide. How these roles are shared is up to the parents, but no one person can do both simultaneously, especially in the earliest years. Other family members may help, but in practice single parents in the UK end up 'marrying' the state for financial support, giving the illusion that they bring children up on their own. This has never been easy, but with the public purse increasingly squeezed, and half of our children now being born to unmarried parents, the future looks unsustainable.

The desire for marriage is inborn. It is the glue which gives stability to the nuclear family but it also holds multiple families together through the generations. Every society has a form of marriage, sanctioned by religion and state. Its beneficial effects at both the personal and societal levels are indisputable given the evidence we now have of life when the norm of marriage weakens.

The child also changes the adults. It is the baby who gifts to a woman the new identity of mother, or grandmother or aunt, and to the man the role of father, grandfather or uncle. Out of these new adult roles, authority is born.

'Authority' comes from the Latin word 'augere', meaning to grow, increase or draw forth. Every community needs agreed rules of behaviour to live together in harmony. Fathers and mothers are designed to be 'kings' and 'queens' in their own households, responsible not only for feeding and sheltering their children, but for educating them and forming them in virtue. They do this through their words but also by modelling love and self-sacrifice, which in turn matures their own adult capacities as productive citizens. This is why respect for parents' role as first educators contributes to a thriving democracy.

Children are naturally disposed to trust their parents and to want to please them, making them biddable to authority. Thus the virtue of obedience (from the Latin 'ob-audire', to listen to or hear with a sense of submission), which is the necessary counterpart to authority, is also best learnt within the family. Here the boundaries of life are first explored and tested and characters unfurl at their own pace. Teachers will say that they easily recognise the children who come to school from secure and happy homes.

What we are discovering is that being family is so much a part of who we are that, where the natural relationships of father, mother and children are disturbed, it always marks the child. It does not matter if this is through divorce, absent fathers, serial relationships of any kind, or through too much institutionalised childcare: the children are missing something, they know it and it shows.

4.4 Teaching sexual integrity in place of consequence-free sex

The function of our hands, eyes, or kidneys is self-explanatory within our own body. In stark contrast, our reproductive organs are inexplicable. To grasp their function, we need to understand the workings of the opposite sex. We also need to know how a baby is formed.

The young are naturally curious about how the other sex ticks. It is in discovering more about this that they understand themselves better. Sex is the first defining characteristic of our identity but it only makes sense as a contrast and complement with the other sex.

When parents and students asked Isobel Allen for help with sex education, this is primarily what they had in mind. [134] The education RCOG 91 instigated was created under a different paradigm: to obscure the differences between the sexes by giving women the means for consequence-free sex. This would facilitate their role in the paid workforce and increase their financial independence from men. However, when only one sex wins, both sexes lose, as Warren Farrell points out in *The Boy Crisis.* [135]

Taking meaning out of something as important as sex has had a big impact on young people's mental and spiritual wellbeing. It means that they have a confused understanding of the language of their own bodies at a time when the subject is of the utmost interest. It is unfair to expect the young to create their own sexual ethics based on 'choice' and 'consent' at a time of flux when they are growing more independent at home and finding their place among their peers at school.

It is also grossly misleading for the sexual act to be portrayed as though it is all about pleasure and self-fulfilment. Making love has two ends: procreating new life and creating a permanent bond of union with a person of the opposite sex. Together, these signify in a bodily way what marriage expresses in words: I am here for you and for the child we may conceive.

Science is revealing in fascinating detail how this dual mystery of life and love, united in one act, comes about. We know, for instance, that the woman's egg chooses a particular sperm for fertilisation and immediately shuts down access to all the other sperm, though we do not know how this happens. [136] We know that it is the father's DNA which drives the creation of the baby's side of the placenta. [137] The sexual act joins woman and man in one large reproductive action which is why its misuse causes biological as well as psychological problems.

We are also learning that the unity which sex brings about is not just of the mind but happens in a physical way as well. Within a committed relationship, the man and woman truly 'make love' by creating feelings of closeness through hormonal release.

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134 See note 73 above.

135 Warren Farrell, The Boy Crisis: Why Our Boys are Struggling and What We Can Do About It, BenBella Books, Inc, 2019, p. 8.

136 Dr. Ananya Mandal, The egg decides which sperm fertilizes it, News Medical Life Sciences, https://www.news-medical.net/news/20200611/The-egg-decides-which-sperm-fertilizes-it.aspx#:~:text=There%20is%20ample%20evidence%20to%20show%20that%20as,the%20final%20say%20on%20which%20sperm%20fertilizes%20it. (Last accessed 16 February 2026.)

137 Madison Ayers, How Dad's preconception health impacts the placenta, Natural Womanhood, 20 February 2025, Dad's preconception health impacts the placenta-NW. https://naturalwomanhood.org/dad-preconception-health/ (Last accessed 16 February 2026.)

In uncommitted relationships, the reverse happens: the woman becomes attached to a man who frequently rejects her after sex. This is because his main bonding hormone, vasopressin, is chemically suppressed at coitus unless he has first built it up in chaste courtship. Girls often think that sex is the way to a man's heart; boys are prone to enjoy what is on offer but fall in love with the girl who resists. [138]

This can cause untold heartache and one can see why movements like Everyone's Invited come about. The girl may have given signals that she was ready for sex, by her dress and actions if not her words, but when the man abandons her after an act she regrets, she feels abused. The truth is that neither party used sex correctly: the man indulged his sexual excitement but the girl hoped to snatch love and security prematurely.

Sexual bonding weakens when it is broken off with one person and reused with another and this affects the stability of later marriage. Dr Patrick Fagan shows that women who have had no nonmarital sexual partners have on average an 80% chance of a lasting marriage; this drops to 54% with one additional partner and to 44% with two. [139]

RSE at school should help young people to realise that there is no 'safe, fulfilling and healthy sexual relationship' outside the one consent which truly matters, and that is the consent of marriage (see RSE 25, point 33).

4.5 Developing further co-operation between parents and schools in RSE

Parents have in the past been deliberately excluded from the education of their children in personal matters, and it is a strength of RSE 25 that the government is including in its guidance that schools engage actively with parents in developing their policies and give them access to the materials being taught.

Guiding principles for relationships, sex and health education

P15.b. ***Engagement and transparency with parents.*** *Schools should engage with parents on the content of RSHE and be transparent with parents about all materials used in RSHE. All materials should be available to parents, as described in the section on openness with parents on page 33. Parents have a right to request that their children are withdrawn from sex education (pupils can opt back in from three terms before they turn 16) and schools should ensure parents are aware of sex education content within lessons in advance.'*

138 Joe Malone, What's happening in male vs. female brains during sex? https://naturalwomanhood.org/what-happens-in-mens-vs-women-brains-during-sex/ and College hookup culture, https://naturalwomanhood.org/hookup-culture-in-college-hurts-young-women-the-most/, both from Natural Womanhood, February 2023. (Last accessed 16 February 2026.)

139 Dr Patrick Fagan, More on Chastity: Sex by the Numbers, Marriage and Religion Research Institute, 2011, https://marri.us/more-on-chastity-sex-by-the-numbers/ in which he cites data from the Cohabitation, Marriage, Divorce, and Remarriage in the United States report by the Department of Health and Human Services, CDC, July 2002, https://www.cdc.gov/nchs/data/series/sr_23/sr23_022.pdf. (Both last accessed 10 April 2026.)

This is welcome, but it is not enough. If parents only see materials when they think to ask and are limited to what they can see on school premises, few will in practice benefit from that right. The following should be insisted upon:

- Parents should be pro-actively notified in advance of any sensitive RSHE content being delivered and not just told that 'RSHE happens this term'.
- Schools should routinely send an RSHE outline for each half-term with direct links or copies of every slide deck, worksheet and video that will be used, ideally via a password-protected parent portal or email, and in accessible formats for disabled parents.
- External providers who refuse full parental visibility, or who try to forbid sharing materials with parents, should not be used.

Even in law, parents are the first educators of their children. They have a right to protect them from inappropriate materials and to discuss with them anything which touches on their own cultural, religious and philosophical values. [140] The statutory guidance gives enough of a hook to insist on that standard, and parents and governors should be encouraged to push for it locally.

Children prefer to be taught intimacy within the family, especially when the subject of sex is first being explained. It is special to know how you came to be from the parents who gave you birth. In sex education, who teaches is part of what is taught. If parents avoid doing so, it can give children the impression that their parents are ashamed of something beautiful. As Daniel Siegel points out in his masterly book, *The Developing Mind*, [141] we do not just take in facts when we learn but also the mood and the emotions with which we learn them.

RSE 25 (point 31) should be taken full advantage of. This should include asking parents to teach their children the names of the private parts of the body (point 23) so that this exercise is kept out of the classroom. [142] Abusers regularly enjoin victims to silence so why biological names protect children from harm is unclear. In the last twenty years since exercises like this have been introduced into primary schools, child-on-child sex abuse has become common.

Premature sexual information delivered in class can deeply disturb children's tranquillity. From about five until puberty, children enjoy years of innocence when they normally have other interests. They prefer to associate with children of their own sex, are at ease with their body and its functions and take modesty in dress and behaviour for granted. This does not prevent young children from being sensitive to sexual thoughts and imagery but they are not yet old enough to control and integrate them with moral responsibility. 'Innocent' children are then at the mercy of the 'cool kids' who lark around after provocative school classes.

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140 See *The Forgotten Human Right,* by Anthony Speaight KC and Shannon Hale, Society of Conservative Lawyers, 2023, https://e1a359c7-7583-4e55-8088-a1c763d8c9d1.usrfiles.com/ugd/e1a359_a9332407797944899335fa84b64113f3.pdf/. (Last accessed 16 February 2026.)

141 *The Developing Mind*, by Dr Daniel J. Siegel, The Guilford Presss, 3rd Edition, 2020.

142 The WHO's Standards for Sexuality Education in Europe suggests that children from age 0-4 onwards should be taught to know their 'body parts' and to enjoy them, p. 38-41, https://www.icmec.org/wp-content/uploads/2016/06/WHOStandards-for-Sexuality-Ed-in-Europe.pdf. (Last accessed 16 February 2026.)

There is a more general point here, which is that sex education has, from its beginnings, been devised as a scheme to protect sexually vulnerable children from greater harm. In doing so, it has regularly sacrificed the interests of those who are not drawn to early sexual activity. Children from intact and religious families are statistically protected from such risks, as Dr Patrick Fagan explained to a Family Education Trust conference in 2018. The family is par excellence where sexuality is lived, understood and expressed. If fathers instruct their own sons and mothers their daughters in all that sexuality means, staged developmentally, nothing can beat it. [143]

It is unclear from RSE 25 what belongs to 'sex', 'science' or 'relationships' education in the school curriculum. Parents should be helped to teach their own primary school children as much as possible and be able to remove them from any lesson with which they may feel uncomfortable. Given that they are now allowed to see the materials used at school for themselves, they can make sure that, if they do take their children out of a class, the latter know enough about what their peers are being taught. [144]

4.6 Important safeguarding issues over contraception

An outstanding contravention of RSE 25's own mission to 'keep children safe' comes under the secondary school curriculum:

> **'Intimate and sexual relationships, including sexual health**
>
> *'6. The facts about the full range of contraceptive choices, efficacy and options available, including male and female condoms, and signposting towards medically accurate online information about sexual and reproductive health to support contraceptive decision making.*
>
> *'7. That there are choices in relation to pregnancy. Pupils should be given medically and legally accurate and impartial information on all options, including keeping the baby, adoption, abortion and where to get further help.*
>
> *'8. How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma.*
>
> *'9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.'*

143 Dr Patrick Fagan, *Lessons on family policy we can learn from the United States,* Family Education Trust, 9 June 2018, https://www.youtube.com/watch?v=hBuoUn4Tnlc. (Last accessed 18 February 2026.) The ProFamily Foundation is a Christian initiative launched in February 2026 which could help families put this into practice, https://theprofamilyfoundation.com/. (Last accessed 19 February 2026.)

144 The charities *Lovewise* (https://lovewise.org.uk/) and *Defend Young Minds* (https://www.defendyoungminds.com/) are among organisations which offer resources. See also *Sexuality Explained: a Guide for Parents and Children*, by Louise Kirk (Gracewing), 2013, https://alivetotheworld.co.uk/product/sexuality-explained-a-guide-for-parents-and-children/. (All last accessed 19 February 2026.)

There are further points under:

Health protection and prevention, and understanding the healthcare system

Healthy behaviours before and during pregnancy (point 7, slipped in alongside personal hygiene, dental health, and sleep).

Navigating the healthcare system, including sexual health and family planning clinics (point 8).

The Gillick competence test, [145] *and when they may claim this under the age of 16 (point 9).*

It is clear from the above that the authors of RSE 25 have no confidence in the contraceptive services to which they are signalling children. Instead of owning up to the truth, that it is normal for sexual engagement to lead to pregnancy and that no drug or device has been found which protects young people fully from sexual activity, RSE 25 says:

'That sex, for people who feel ready and are over the age of consent, can and should be enjoyable and positive' (point 1, Intimate and sexual relationships).

Elsewhere (point 33) it says that by 'supporting confidence and self-esteem' RSE will enable young people to 'make their own choices about whether or when to develop safe, fulfilling and healthy sexual relationships, once they reach the age of consent, and to resist pressure to have sex.'

'Confidence and self-esteem' do not make sex safe. Rather, both are shattered when something goes wrong, which often happens when children are sexually active during their school years.

'What method is most effective in preventing pregnancy?

> *I honestly believe there is only one way to prevent teen pregnancy effectively.*
>
> *That way is chastity.*
>
> *We need to get back to a more realistic understanding of sex. Sex is, at its most basic level, shooting sperm at eggs. Crude, perhaps, but true.*
>
> *No matter what we do to try to stop those sperm from getting to that egg, sometimes they manage to slip through. As the old saying goes, "Nature bats last." Fertility is important – it guarantees the survival of the human species. Our bodies, therefore, are very protective of fertility, stubbornly resisting efforts to control it artificially.'*
>
> Mary Beth Bonacci, in *Real Love: On Dating, Marriage and the Real Meaning of Sex*, p. 61

145 In the UK, people aged 16 and over are entitled to consent to their own medical treatment, unless, as 16- or 17-year-olds, they are deemed to lack capacity. Children under 16 may agree to treatment if they demonstrate sufficient understanding (are 'Gillick competent', named after Mrs Victoria Gillick whose challenge failed in the House of Lords in 1985). The Fraser Guidelines (1985) built on Lord Fraser's judgement in this case to say that a doctor can give contraceptive treatment without parental consent if the girl understands the advice, cannot be persuaded to tell her parents, and is likely to begin or continue having sexual intercourse.

The Gillick competency test was critical in the Keira Bell judgement, 2020, https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf (last accessed 18 February 2026) when it was decided that a child under 16 was unlikely to be able to understand the immediate and long-term consequences of puberty blockers and that even after aged 16 clinicians might wish to get authorisation from the court before proceeding.

Signposting pupils to the web to look for their own contraceptives is a safeguarding issue. They might land on the Durex Sex Ed Guide, [146] which has been developed with Stonewall to teach sex 'beyond the heteronormative curriculum' using examples which would make adults blush. It would already be interesting to know how the guidance expects schools to follow point 68, which spells out that schools are to cover STIs 'in a way that is relevant to ….. lesbian, gay, bisexual and/or gender questioning' pupils. This should mean that schools have a responsibility to advise pupils of the particular dangers of homosexual behaviours, which it is difficult to do with any delicacy and would shock many young people. The shortened lifespans of active MSM suggest that their typical activities are more destructive than smoking and as dangerous as drugtaking. [147]

Whichever site they are sent to, they are likely to include LARCs. [148]

John Guillebaud, editor of *Contraception: Science and Practice*, warned that the Pill should be tailored to the patient. He explained that women's hormonal profiles vary enormously. Give a woman too small a dose, and there is risk of breakthrough pregnancy, but too large brings annoying and even dangerous side effects. Adolescents are in no position to control for any of this. Given that women are now turning away from artificial hormones, can we continue leaving pupils on their own to find out why?

The government appears to think otherwise. Today, the Pill can be had over the counter in a pharmacy without a doctor's prescription. [149] It can even be ordered through the post. [150]

4.7 Teaching natural fertility before artificial infertility

The BPAS report itself suggests a way forward, which is to give pupils body literacy and teach them fertility awareness and the principles behind natural methods of family planning before they are taught about contraception. That way they will learn first about the beauty of their sexual integrity and how it affects the whole person, in body, spirit, mind and emotions before looking at how to interrupt it artificially. [151]

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146 My Sex My Way: Inclusive Sex Ed Guide, by Durex, producer of condoms, lubes and toys, https://www.durex.co.uk/pages/my-sex-my-way?srsltid=AfmBOoo1TR5UHmi1VuVVnaruefNiC3lzhrb9iufA1PqWEWw6-WkaVfv5. (Last accessed 11 February 2026.)

147 Dr Paul Cameron, *Medical Consequences of What Homosexuals Do*, Family Research Institute of Colorado, https://www.biblebelievers.com/Cameron2.html. (Last accessed 11 February 2026.) Teachers should be aware of the physical effects of MSM activity before allowing children to believe that homosexual sex is equivalent to sex between a man and woman. For helpful understanding of same-sex attraction, see *You Don't Have to be Gay* website with Drs Nicolosi, father and son, https://www.josephnicolosi.com/. See also Core Issues Trust resources, https://core-issues.org/resources/. (Last accessed 11 February 2026.)

148 See Section 2.7 above.

149 NHS: Find a pharmacy that offers the contraceptive pill without a prescription, https://www.nhs.uk/nhs-services/pharmacies/find-a-pharmacy-offering-contraceptive-pill-without-prescription/. (Both last accessed 23 February 2026.)

150 Your pill, your way: Free NHS contraception service delivered to your door, https://www.pharmacy2u.co.uk/nhs-services/contraception?utm_medium=ppc&utm_source=Google&utm_campaign=services-contraception-book-appointment&gad_source=1&gad_campaignid=21143817763&gbraid=0AAAAA9V5VFI8E8HDt3yHrl5guI0j6-Rfz&gclid=Cj0KCQjwjdTCBhCLARIsAEu8bpK8nZa6Ly7DrbwAdopG41W9vxPLKb9axPncm1l_osKZB4mHRPWx_YEaAo4XEALw_wcB&gclsrc=aw.ds. (Last accessed 18 February 2026.)

151 The Fifth Vital Sign by Lisa Hendrickson-Jack (2019) gives a useful omnibus account with extensive references. See www.fertilityfriday.com.

Giving young people a deep appreciation of their own sexuality at each of these levels helps them understand the beauty of how man and woman are made for each other. [152] This can be done without the specifics for planning a family, which should always be well taught to couples individually. [153] There is much to teach boys about how their fertility is reflected in their overall health as well as girls. [154]

FABMs and teaching fertility awareness

Artificial contraception and FABMs are based on the same science. The first studies human fertility in order to suppress it; the second works with nature to achieve or avoid pregnancy by timing intercourse. Only FABMs are rightly called family planning since they can be used either way.

Large advances were made in both artificial and natural family planning methods in the mid-twentieth century. The Pill was launched in 1960; in 1964 Drs John and Lynn Billings published their Ovulation or Billings method.

The latter was revolutionary because it defined fertile days using symptoms in the woman's current cycle around ovulation whereas older NFP made calculations from historical data based on the beginning of menstruation. Billings and adaptations of it (the FABMs) are much more accurate than the calendar or rhythm methods.

By charting their cycles, girls and women understand a lot more about themselves, their mood changes and their health. It gives them a greater sense of control in their lives and indicates where they may have health issues which should be attended to.

Boys also benefit from learning about their own fertility and hormonal patterns and how puberty impacts them as they mature into manhood. Boys are sexually designed to take the lead in courtship and are much more reactive to visual stimuli. Provocative female dress gives out signals which girls may not intend but which are unfair to boys.

Both sexes are found to grow in self-esteem and respect for the other sex as they learn about their joint gift for bearing children. They also realise that fertility drops for women in their thirties and that this has implications for how they plan their future.

Now that fertility apps are becoming widespread it is even more important that young people are taught the science so that they recognise the dangers of inappropriate experimentation and poor technology.

When they learn about contraception, pupils will be in a better position to understand how it works, why it might fail and where the side-effects, physical, mental and spiritual, come from. Boys who expect their sexual partners to use contraception will also know what they are asking.

Fertility awareness teaches adolescents the principles of the cycle and not how to use a particular method to avoid pregnancy. The effectiveness of the latter depends upon couple motivation and individual teaching given that symptoms can easily be missed.

152 Alice von Hildebrand, *Man and Woman: A Divine Invention,* 2013, Catholic University of America, explores this complementarity in Christian thought.

153 Organisations which might help with this include: TeenSTAR UK (https://www.teenstarcourses.org.uk/), Natural Family Planning Teachers Association (https://www.nfpta.org.uk/) Fertility*Care* Centres Great Britain (https://fccgb.org/) Natural Womanhood (https://naturalwomanhood.org/), FEMM Health (https://femmhealth.org/). The Kyklos app https://play.google.com/store/apps/details?id=com.alban.teenstar&hl=en_GB is available free of charge and was designed by a TeenSTAR mother for adolescent girls, taking care that none of their data can be harvested. (All last accessed 13 February 2026.)

154 Anne Marie Williams, *The menstrual cycle is a vital sign of your health: A women's health NP explains why every pre-teen girl needs to learn about her cycle*, Natural Womanhood, 2022, https://naturalwomanhood.org/cycle-health-for-teen-girls/. (Last accessed 13 February 2026.) See also *The Surprising Link Between Gut Health and Male Fertility*, Natural Womanhood, 29 January 2026, https://naturalwomanhood.org/the-surprising-link-between-gut-health-and-male-fertility/. (Last accessed 2 February 2026.)

We now have decades of experience to show the different outcomes of using FABMs and using contraception, and they are surprising.

Pioneers in the creation of the Pill, such as Dr Grant, genuinely believed that it would enhance marriages for women who were already worn out by repeat childbirth. The logic is simple: remove the fear of another pregnancy and the disruption of a barrier method and the sexual love between husband and wife would flourish and bring happy marriages.

In practice, divorce rose steeply after introduction of the Pill. Now sexual engagement between married couples appears to be diminishing, while younger people are failing to marry and/or have children at all. Romance is faltering.

By contrast, those who intentionally follow FABM methods have an astonishingly low divorce rate of between 1-5%.[155] The discipline of periodic continence appears to enrich the love between husband and wife in a natural way. It keeps in balance the languages of arousal and affection, both of which are important to physical unity. Couples who use FABMs appear to have more sex than those on contraception, just differently arranged. They also keep alive their desire for children.

There are many new apps and other clever devices which make charting cycles easier. However, some apps are using algorithms based on the outdated rhythm method. An app is only as good as its data which is why users need to understand their method and be sure that they are noting down symptoms correctly. Well known methods include: Symptothermal, Billings Ovulation, Creighton, Marquette and the Two Day Method, each with its own perfect and typical use failure rates which compare favourably with hormonal methods of contraception. The methods can also help couples who wish to conceive.[156]

Societal needs have changed since teenage pregnancy was considered the major problem to solve. Now demographic decline, family breakdown, depression and loneliness are the concerns which are increasingly worrying politicians and think tanks. Teaching young people at school to know and appreciate their fertility is a good place to start.

4.8 Making the most of RSE 25 and character education

RSE 25 provides the wherewithal to include much of the above. At primary level, schools are asked to teach the emotional as well as the physical changes that come about at puberty, [157] which is taken up again at secondary level:

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155 Jason Evert, *Why do NFP couples have such low divorce rates?* Jason Evert, the Chastity Project, https://chastity.com/qa/why-do-nfp-couples-have-such-low-divorce-rates/#:~:text=Also%2C%20couples%20who%20reject%20contraception,than%20the%20average%20contracepting%20couple. (Last accessed 13 February 2026.) Natural Womanhood has a webpage on FAM and its impact on relationships, including ideas for when the discipline is hard: https://naturalwomanhood.org/category/fertility-awareness-methods/fam-and-relationships/. (Last accessed 14 April 2026.)

156 For a full description, see *FAM Effectiveness Rates,* https://naturalwomanhood.org/topic/effectiveness-rates/. (Last accessed 20 February 2026.) To download Natural Womanhood's *Complete Guide to Fertility Awareness*, https://naturalwomanhood.org/complete-guide-to-fertility-awareness/?gad_source=1&gad_campaignid=23509140876&gbraid=0AAAACnp4yJtbyJW3JfBIzBD7VuChIxTI&gclid=CjwKCAiAkvDMBhBMEiwAnUA9BY18bKUfxIuQ4S8JN4br-WW8SxIO_FUxjd5VxxqO4Th3uvwwXvtvdxoC2_0QAvD_BwE. (Last accessed 23 February 2026.)

157 Most people would call this Sex Education, which is not compulsory in primary schools. Presumably schools could instead agree in their policy to assist parents in teaching sensitive items.

> *'41. Teaching in secondary should build on primary content, supporting pupils to understand their changing bodies and their feelings, how to protect their own health and wellbeing, and when a physical or mental health issue requires attention.'*

Throughout the guidance, there are helpful possibilities for teaching children to value their families and friends, to learn what makes for happiness and to develop their sensitivities towards others by first recognising their own desires and emotions.

There is a tendency, however, to dwell on the threat of negative behaviours, especially those of other people and how these might impinge on a young person's safety. This plays on fear. Any necessary safeguarding could still be taught in an inspiring way by teaching children to want what is good and beautiful and develop their willpower to attain it. Boys in particular respond to clear and positive goals.

A trusting outlook develops trust in others and both are necessary if young people are to be helped to love and cherish those around them. Where a peaceful atmosphere is created in the classroom, pupils are able to open their hearts and learn from each other. This allows teachers to guide them towards long-term thinking and delayed gratification. Neither come easily, because they involve accepting suffering as normal to human existence. Being able to discern when difficulties invite perseverance for a greater good and when troubled feelings signal a change of direction is fundamental. It invites children to know for themselves what is important in life and helps them grow in the willpower and self-mastery needed to attain it.

Character can be taught through modelling and encouraging children to put small steps of altruistic behaviour into practice. This includes accepting that all actions have consequences, intended or otherwise, that we all make mistakes and that we all have need to forgive and be forgiven. There are many different ways of looking at the same thing which teaches children about themselves and about other people.

Crucial to this is the ability to communicate, which means teaching children to listen well and to articulate thoughts and feelings in a clear and rational manner. This is particularly important for children who have weak social skills or special needs of any kind. Feeling liked and accepted by their peers from a young age can make all the difference to children's self-esteem which in turn helps them to avoid being drawn into the behaviours that cause trouble. [158]

158 Ideas in this section are drawn from the character education programme *Alive to the World* (www.alivetotheworld.co.uk). Mental illness is growing among schoolchildren, as Lucy Beney points out in her report *Suffer the Children: Why having a 'mental health professional' in every school is not the answer,* Family Education Trust, https://www.familyeducationtrust.org.uk/media/laebsmfx/suffer-the-children-lucy-beney.pdf Poor interventions following on from over diagnosis are expensive and diverting resources away from children who really need them. Whole class character development as suggested here benefits every child without unnecessarily labelling individual children as having a problem. Christine Vollmer, creator of Alive to the World, speaks to Tammy Peterson on how her programme succeeds, 9 December 2025, https://alivetotheworld.co.uk/more-about-alive-to-the-world/, (Last accessed 18 February 2026.)

4.9 Raising children to understand the true value of work

RSE 25 offers yet another useful point:

> 'Secondary Curriculum Content - Families
>
> 7. ***The roles and responsibilities of parents with respect to raising children***, including the characteristics of successful parenting and the importance of the early years of a child's life for brain development.'

Government guidance is highlighting the importance of teaching pupils the value of good parenting, which includes investing large amounts of time in children's care. International speaker Erica Komisar is a leading exponent of the science behind mother-child attachment, explaining how the mother influences even the physical development of the child's brain, especially in the first three years.[159] Those with inadequate care suffer psychologically, as the Princess of Wales realised on speaking to many people with addictions or personal traumas. She was moved to launch the Early Childhood campaign in 2022 to 'drive awareness of and action on the extraordinary impact of the early years, in order to transform society for the future.'[160]

The difficulty is that, for years young people at school have not been taught to consider having a family and bringing up children as valuable professional work. It is when the next generation goes missing, or children are badly brought up, that we begin to sit up and take notice. The latest Kindred [2] *School Readiness Survey*, for instance, tells us that 26% of Reception children are not toilet trained, 28% are unable to eat and drink independently and 32% are overly upset when away from parents. The impact on their teachers and classmates is unimaginable.[161] The latest obesity figures further show what happens when home cooked meals are no longer served around a table.[162]

RCOG 91 carried the message that contraception would free women from childbearing so that they might have equal opportunities with men to work, 'to earn and achieve their own goals' and so be released from relying on their husbands or partners, belittling the male role as provider and protector of the family. If children were conceived, there should be state money for childcare.[163]

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159 See Erica Komisar, *Being There: Why Prioritizing Motherhood in the First Three Years Matters* (https://www.ericakomisar.com/being-there). Mothers at Home Matter UK (https://www.mothersathomematter.com/) raises the profile of women who give priority to child-rearing; highlights lack of justice for single-earner families in the UK; and collects research on how children and society prosper when families invest time in their children. (Both last accessed 18 February 2026.)

160 The Royal Foundation Centre for Early Childhood (https://royalfoundation.com/early-childhood/). (Last accessed 13 February 2026.)

161 Kindred², *School Readiness Survey 2025,* January 2026, https://kindredsquared.org.uk/wp-content/uploads/2026/01/School-Readiness-Survey-January-2026-Kindred-Squared.pdf (Last accessed 13 February 2026.)

162 NHS, *National Child Measurement Programme, England, 2023/24 School Year, National Child Measurement Programme, England, 2023/24 School Year - NHS England Digital.* https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2023-24-school-year (Last accessed 14 February 2026.) Chris van Tulleken, in his book, *Ultra-Processed People*, Penguin, 2023, describes how family meals face competition from cheap food engineered to save time and drive consumption.

163 RCOG 91, 1.5, 5.13-14.

The logic of RCOG 91's argument is shown off by Bonnie Blue, the OnlyFans star who has made millions by uploading pictures of herself having sex with 'a thousand men':

> *'.. you've fought for women's rights for years and years, for women to be in control of their own body and be empowered. I'm now living that and suddenly you want me to shut up, have a couple of kids, get married and stay quiet. But I don't want that... if anything I'm the image of what you've been asking for, for years and years.'*
>
> Bonnie Blue 2024/5, highlighted in Channel 4's 1,000 Men and Me: The Bonnie Blue Story

What we are witnessing is how not only sex but the meaning of work has been corrupted by the leanings of school education. This needs to be addressed if society is to be returned to health. At present, even our government statistics class women who stay at home to look after their families as 'economically inactive'.[164]

The meaning of work is a large subject which attaches to the family as the first economic cell of society. However, it also points to the fact that the value of work [165] is much greater than the money that it may earn – and all of us spend much of our lives working unpaid. For many women, active motherhood is the most meaningful work they will ever do.

> *'How can it be a large career to tell other people's children about the Rule of Three, and a small career to tell one's own children about the universe?*
>
> *'How can it be broad to be the same thing to everyone, and narrow to be everything to someone? No. A woman's function is laborious, but because it is gigantic, not because it is minute. I will pity Mrs Jones for the hugeness of her task; I will never pity her for its smallness.'*
>
> G. K. Chesterton, in What's Wrong With the World

164 Gov.UK, Economic inactivity by qualification level, https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/economic-inactivity-by-qualification-level/latest/#:~:text=1.,The%20qualification%20levels%20are, 23 October 2023. (Last accessed 13 February 2026.)

165 Theos produced a useful report, *Just Work: Humanising the Labour Market in a Changing World*, 2021, which called for unpaid work to be valued in the economy, the human need for work to be recognised, and the importance of work and rest to be readdressed, https://www.theosthinktank.co.uk/cmsfiles/Just-work-v6-combined.pdf/. It quotes a YouGov poll which found that only 16% of respondents found their work really meaningful; 33% agreed it paid for life's necessities and 45% would retrain for a different career given the opportunity. Those higher up the social scale were more likely to find work meaningful than those lower down. (Last accessed 16 February 2026.)

For many men, being the principal breadwinner gives added meaning to their lives. [166] Motivation leads to stark differences in the way we carry out similar tasks and the effort we are prepared to put into them.

The person who most benefits from work, paid or unpaid, is the person who carries it out. This is because work shapes and develops us, it gives us skills and shapes our minds, it helps us to grow our virtues and strength of character. It brings us into relationship with other people and allows us to serve others with our talents and to contribute in some way to the building up of the world around us. This gives satisfaction.

RSE 25 here invites boys as well as girls to think ahead to their own wishes for family when deciding on their studies and career paths.[167] Family should not be a lesser priority. Understanding the true worth of work will also help young people to face the challenges brought about by AI when perseverance and creativity will be needed if existing jobs become hard to find. [168]

166 Economists consistently find that married men bring home a 'marriage premium' above the earnings of co-habiting fathers. See Dr Patrick Fagan and others, Marriage and Economic Well-Being: the Economy of the Family Rises or Falls with Marriage, Family Research Council, 2011, https://marri.us/wp-content/uploads/Marriage-and-Economic-Well-Being-The-Economy-of-the-Family-Rises-or-Falls-with-Marriage.pdf. (Last accessed 14 February 2026.)

167 Belinda Brown, *From Boys to Men: the Place of the Provider Role in Male Development*, University College London, https://www.newmalestudies.com/OJS/index.php/nms/article/view/231. (Last accessed 18 February 2026.) Warren Farrell in *The Boy Crisis,* op. cit, describes how a boy's chances of marriage deteriorate when he fails in his work and studies. Women continue to seek out men with good prospects.

168 Centre for Social Justice, *Rewiring Education*, December 2025 describes new trends in graduate unemployment in the face of AI, Rewiring Education. https://www.centreforsocialjustice.org.uk/wp-content/uploads/2025/12/CSJ-Rewiring_Education.pdf (Last accessed 18 February 2026.) It points to expanding the practical careers and apprenticeships for which there is likely to remain greater demand, many of which are suited to boys.

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Remains opposed to the overall direction of the new RSHE guidance and will continue to campaign for its replacement. In the meantime, while it remains in force, parents and governors should use every lawful lever it offers – especially full transparency, consultation duties and faith-school protections – to insist on age-appropriate teaching that upholds parental primacy and the value of marriage.

Recommendations arising from this paper include:

- *Proactive transparency: every half-term, send parents a simple RSHE plan by email (or paper for those who need it) with links to all materials. No content should be shown to children that parents have not had the chance to see in advance.*
- *External providers on parental terms: schools should not use any RSHE provider that refuses full parental visibility or tries to prevent materials being shared with parents.*
- *A 'chastity-first' frame: present the health evidence on early sex, multiple partners, STIs and abortion straightforwardly, and make clear that abstinence outside marriage and faithfulness within it are the safest options which tend to the greatest long-term happiness – statistically, rather than 'just' morally.*
- *Balanced teaching on fertility awareness vs contraception: provide full and primary teaching on fertility awareness methodologies so that the science behind artificial interventions also makes sense when contraception is taught. It is important that pupils are helped to have a mature approach to their sexual choices, know the risks, recognise possible short- and long-term contraceptive side-effects and think about care for the environment as they do in other subjects. Data from reliable sources such as the US Centers for Disease Control and Prevention and National Cancer Institute should be used rather than that of advocacy groups.*
- *Recommended online medical information to be vetted in advance and discussed with parents so that pupils are only signposted to sexual and reproductive health websites which can be trusted. Those that give misleading or dangerous information should also be highlighted.*
- *Clear teaching on STI 'inequalities': use the UK Health Security Agency's own numbers to show that some patterns of sexual behaviour carry much higher risks, and that these are concentrated in small high-partner-number networks.*

The Secretary of State for Education's consultation document on gender questioning children came out on 12 February 2026.

For Family Education Trust's briefing paper *Caution as Camouflage: How the Government is Embedding Gender Ideology in Safeguarding Law* please see:

https://familyeducationtrust.org.uk/media/latest-news-statements/caution-as-camouflage-how-the-government-is-embedding-gender-ideology-in-safeguarding-law/

CONCLUSION

The fallacy of RCOG's vision was not only in believing that contraception could be adapted to the use of children without their paying a heavy penalty but that active sexual behaviour among school children was normal and to be facilitated. They are correct to say that sex is a major factor in mental health and happiness but only in its right place; outside that, it is dangerous and not a thing to be played with.

Parents are the best educators of their children and their trust in the state and educational authorities has been betrayed over the last decades. Their children have been given ideological thinking in the guise of facts and the authorities have even failed in the simple request that children be taught to understand themselves and how the other sex functions. It has proclaimed 'teaching the facts' but instead has blotted out new scientific truths which are inconvenient.

Enormous strides have been made in the last decades to understand the biology and integrity of human sexuality. This reveals the importance of marriage, family and friendship for human flourishing and explains the continuing relevance of traditional morality. Children have a right to this knowledge. It gives a new depth of meaning to our increasingly confused society.

If contraceptive-backed sex education is to be turned around, it will need determination and the coming together of many people of principle to force the issue through. The vested interests against change, commercial as well as ideological, are daunting, as an essay by Unbekoming [169] points out. It will need investment in high-quality teaching materials and in education for the adults: parents, teachers, faith and political leaders. Once it is underway it can also be expected to catch on and spread much more easily than we may realise because truth has its own resonance in the human heart.

Louise Kirk is UK Co-ordinator for the Alive to the World values education programme; author of Sexuality Explained: a Guide for Parents and Children.

169 Unbekoming substack; The Birth Control Deception: What 60 Years of Lies Cost Women, 27 July 2025. https://unbekoming.substack.com/p/the-birth-control-deception-what (Last accessed 13 February 2026). The essay ends with ten questions to put to doctors who prescribe the Pill to teenagers.



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