

## **SAFE SEX FOR TEENAGERS: MYTH OR REALITY?**

"Safe Sex" for Teenagers" was the title of a publication in 1978 by the Brook Advisory Centres. Back in the mid 1960s this birth control organisation was responsible for dreaming up the potent and enduring pro-abortion slogan: **'Every Child a Wanted Child'**.

The new mantra for teenagers in the 1970 also invariably meant 'safety from an unwanted baby', and the emphasis was on contraception, as well as abortion.

Less than ten short years later, the term 'Safe Sex' was being adopted by frightened governments all over the Western World, only by then it referred to safety from a killer disease. Everyone, they said, was now at imminent risk of dying from ignorance about HIV/AIDS. And every man, woman and child must therefore protect themselves from this deadly pandemic - by wearing an ultra-thin piece of porous rubber on their private parts whenever they had sex. When you think about it, the Safe Sex revival of the old fashioned, unreliable condom must rank as one of the cleverest and most cynical commercial con-tricks this century.

Less than five even shorter years after the launch of the Condom Campaign, pregnancies and abortions to girls under 16 rocketed to their highest recorded levels. How very extraordinary.

The government responded to this unexpected outcome by launching another 'safe sex' campaign - the Morning-after-Pill - to act as a back-up, after-sales service for the continuing failure of the first campaign. Tens of thousands of teenage girls resorted to this sledge hammer anti-birth pill each year, but all to no avail. Pregnancies and abortions continued to increase.

So here we are, at the end of the twentieth century, contemplating the latest 'Safe Sex' proposal: hormone implants for little girls, before they have even reached puberty. **Every Child a Sterilised Child.**

How on earth have we, as a society of generally sane and sensible people, allowed ourselves to be conned by these dangerous lunatics for so long? The answer is simple enough: Propaganda - brilliantly orchestrated, massively funded and never-ending.

Aldous Huxley, in his 1946 preface to 'Brave New World', foresaw with terrible accuracy how future propaganda would seek to achieve its aims, when he wrote:

"Great is the truth, but greater still from a practical point of view, is **SILENCE ABOUT TRUTH.**" The propaganda for 'Safe Sex for Teenagers' has been a classic example of this 'silence about truth'. Perhaps it is time, therefore, that we broke through the silence, and adopted one of those Safe Sex slogans ourselves: Don't Die of Ignorance!

Here then are some of the most oft-repeated Myths about 'Safe Sex for Teenagers' which have masqueraded as the truth, while hiding the real commercial and ideological agenda behind them.

**MYTH (1)**

**Britain has the highest teenage pregnancy rate in Europe because of poor sex education and inadequate access to contraception.**

**REALITY**

Britain has always had a higher teenage pregnancy rate than elsewhere. Our problem is not that our teenagers are getting pregnant but that they are not getting married first, or even last.

Up until the 1970s, marriage and married motherhood among 17-19 year olds had been an unremarkable feature of our culture for centuries. This was, and still is, in sharp contrast with other European countries (and Ireland) where the cultural norm has been for women to marry and start a family in their mid to late twenties.

Marriage has always been unusually popular in this country, and the Second World War heralded an even greater popularity for it among young men and women, with the Marriage rate among single women under 25 almost doubling during the war years. This rapid upward trend then continued throughout the 1950s.

	1938	1970	1995
Marriage Under 20	3.3%	9.5%	1.01%
Births Under 20	25,400	81,000	42,000
Marriage 20-24yrs	15.4%	26.2%	6.6%
Birth 20-24yrs	146,700	289,200	131,000

Increasing Marriage rates were naturally accompanied by rising Birth rates, which among 16-19 year olds rose from around 1.5% in 1938 to 3.7% in 1961.

During the 1960s, despite the growing emphasis on sexual freedom outside marriage, and the consequent increase in the proportion of illegitimate births, marriage continued to be accorded high social status among young women, to the extent that in the mid-1960s almost a third of all marriages were to women under 20.

In 1971, when the teenage Marriage rate had risen to almost 10%, and the Teenage Birth rate was 5%, three-quarters of all 'teenage mothers' were in fact young married women aged 17-19 years.

From these statistics we can observe how relatively high teenage Birth rate, mostly among married 17-19 year olds, became established as the norm during the three decades up until 1970.

This thirty-year period is of enormous significance for us today, because SEVEN generations of 16-19 year olds grew up during that time. By 1970 their ages ranged between 16-50 years....an entire generation of women....and their common and shared experience of teenage marriage and motherhood will have had a profound and lasting influence on the outlook and behaviour of teenagers for decades to come.

So strong and enduring is the influence of one generation upon another in matters as fundamental as childbearing, that not even the liberalisation of divorce and the legalisation of abortion in the late 1960s, followed by the free availability of contraception a few years later, could greatly alter, the pattern of teenage pregnancies, now that they had become so firmly established in society.

The sudden down-turn in the U.K. economy during the 1970s, which included rocketing inflation and unemployment and the rapid demise of many heavy manual industries, together with legislation which caused the virtual disappearance of affordable rented accommodation, all combined to make it increasingly difficult for unskilled and semi-skilled young men to house and support a wife and family. In these worsening economic times, the chorus of media approval for sexual freedom outside the restraints and responsibilities of marriage and parenthood, were hard to resist. The high Marriage and Birth rates began to tumble, while Divorce and Abortion rates soared.

Marriage and married parenthood soon began to lose status among young people, to be replaced more and more by sexual independence or short-term cohabitation.

By the end of the 1970s the teenage Marriage rate had halved to 5%, which also greatly reduced the teenage Birth rate and also led to a third of all teenage pregnancies being aborted

Yet despite this reduction in the teenage pregnancy rate, 17-19 year olds continued to regard childbirth as a normal experience for their age group, even though a growing proportion of them knew that this would mean years of unmarried, State-dependant parenthood.

In an attempt to halt this deteriorating situation, which was clearly affecting those at the poorest end of the social scale more than any other, the government intensified efforts to persuade teenagers of all ages to use contraceptive.

During the early 1980s secondary schools were required to teach their students about 'responsible' sexual relationships, and Health Authorities were encouraged to open special teenage-friendly birth control clinics.

But it was all whistling in the wind. For even though far more teenagers were using contraceptives, and a greater proportion than ever were opting for the 'safe sex' condom, the end of the 1980s saw teenage pregnancies and births rising to levels that were higher even than they had been two decades earlier.

For by this time we were entering into a situation in which the long experience and influence of the 1940-1970 generation of teenage mothers (mostly married) was now being added to by this growing cohort of second-generation of teenage mothers most of whom were unmarried, and more of younger than ever before. By 1990, over 50% of pregnant 15 year-olds were choosing to become single mothers, rather than have an abortion.

Today, twenty years after the launch of the 'Safe Sex for Teenagers' campaign, less than one per cent of teenagers get married, and although abortion has cut the teenage Birth rate to half that of 1970, almost all the births are now occurring to single girls, with little hope or expectation of marriage and stable family life, independent of the State. In effect, the State deliberately broke

down the stable door of marriage, and should not, now be surprised if the bolting horses are chary of re-entering the ruins left behind.

In other European countries, where teenage marriage and motherhood has been the exception throughout this century, further declines in their Marriage rates during the last 30 years has resulted in even lower teenage pregnancy rates than ever.

In Holland for example, which has a very low teenage pregnancy rate, the Marriage rate among girls under 20 fell from 1.4% in 1980 to only 0.2% in 1995. However, even in the Netherlands they are beginning to report an increase in unplanned teenage pregnancies, which they are quick to attribute to the rising proportion of black ethnic minorities and refugees in their major industrial cities.<sup>1</sup>

In 1994 over 42% of all abortions in Holland were to women from these racial minority groups. The Dutch also employ heavy disincentives to teenage parenthood, as there is no State housing for the unmarried mother, nor any State benefits;. And no State-funded contraception services either<sup>2</sup>. Perhaps this is, why there are fewer pregnancies than in Britain, and also why over 45% of their pregnant teenagers have abortions, compared to 35% in this country. In addition, the Morning-after-Pill has been available, at a price, to Dutch teenagers since the mid-1960s, as has 'menstrual extraction'- a method of early abortion which is not necessarily notified to the authorities.<sup>3</sup>

## **MYTH (2)**

**'Under-age sex is not a new thing. It has always gone on. The only difference today is that young people have a healthier and more open and responsible attitude towards sex, from unwanted pregnancies.' and are able to protect**

## **REALITY**

Fifty years ago, in the days before statutory sex education, when the Pill only a twinkle in an Austrian chemist's eye, and legal abortion was not shadow on the horizon, pregnancies among under-age girls were rarity.

Although most adolescents in the 1950s were fairly innocent of the finer details of sex and reproduction, they were far from ignorant of the uglier side of life, having spent their early childhood during the six unsettling years of the War.

Thousands of children had grown up as 'latch-key kids', with their mothers out at work all day, and their fathers -if they still had one- away at the War. Poverty was no stranger to children in those post-war years of food rationing and extreme urban deprivation. Yet despite the social dislocation and family difficulties, young girls were better protected from sexual exploitation and abuse in the decade after the War, than at any time during the forty years that followed. Between 1948-1958 the number of Live Births among the million or so girls in England and Wales aged 11-14, averaged just 45 a years<sup>4</sup>

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<sup>1</sup> STIMEZO: Abortus in Netherland 1990

<sup>2</sup> Family Planning Perspectives March/April 1996

<sup>3</sup> I.G.Z Nederland. Jaarrapportage 1996

<sup>4</sup> O,P.C Annual Monitor

The first big change was felt in 1960, when the number of young schoolgirl mothers suddenly increased to 111. This was partly due to the influence of older girls, more of whom were becoming mothers, but was largely the result of a mini-explosion in the population of adolescent girls, fourteen years after the post-war Baby Boom of 1946/47.

Throughout the affluent and permissive 'Sixties, the teenage population continued to rise, and their moral standards gradually to decline, so that by 1967 the number of births to girls under 15 had doubled yet again to 222.

The passing of the 1967 Abortion Act meant that from now on many of the babies been born to 15 year-old girls, were being aborted around six months earlier, when the girls were still 14. Thus in 1969 the total of births and abortions to 11-14 year olds was 576.

During the three decades that followed, Live Births to girls under 15 only once rose above 300 a year. Abortions, on the other hand, rose inexorably for the greater part of that time, and by 1996 the combined total of births and abortions had reached 1,391. That year also laid shameful claim to the first recorded case of a pregnant 9 year-old. The baby was aborted, needless to say.

An equally clear indicator that younger and younger girls : have been drawn into the sexual vortex, can be seen in the increasing number of under 15s seeking contraception. While no records are kept of the thousands who are prescribed contraceptives and/or the Morning-after-Pill by their G.Ps, and nobody knows how many purchase condoms from chemists and vending machines, the Department of Health recently began collecting data on the number of girls under 16 attending NHS and Brook Advisory clinics who were aged 15, and how many were below that age.

These statistics show that between 1994-97 the, number of girls aged 14 and under going to these clinics rose from 17,000 to 24,000 an increase of 41%.<sup>5</sup> (As a percentage of the population of girls aged 14 these figures represent arise from 6% to over 8%)

Everyone (except those dangerous lunatics) is rightly concerned at this worsening situation, not least because the younger the girl, the more likely she is to be pressurised into sex, or even raped, by more experienced older boys. In the U.S.A research by the Alan Guttmacher Institute (an off shoot of IPPF) reported in 1994 that six out of ten girls who had sex before the age of 15 were forced to do so by males an average of six years their senior. There is every reason to believe that sexual predators are targeting children in Britain too.

Girls who start having sex under 16 not only tend to have several partners over a short period of time, but their early sexual debut sets a pattern of promiscuous behaviour that is likely to continue throughout their teenage years, bringing them a whole raft of personal and social problems that are difficult to overcome, 'and which incur huge public expense to mitigate. These include single motherhood, abortion, chronic sexual ill-health, infertility, emotional instability and depression. Where teenagers are already disadvantaged by low educational achievement or a broken or dysfunctional family, these other personal problems increase the likelihood of rootlessness, isolation, drug addiction, crime and poverty. It is a miserable scenario, that has been visited upon an ever-growing proportion of our young people in the years that have followed the so-called 'safe sex' revolution.

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<sup>5</sup> Dept. of Health: NHS Contraception Services (England)

### MYTH (3).

**A positive view of teenagers sex is essential. Sex is a natural, recreational part of relationships which the young will wish to experience. We should therefore enable all young people to make informed choices about their sexual relationships so that they can enjoy their sexuality without harm.**

### REALITY

These sentiments are not just mythful manifesto. The words are taken verbatim from recent comments and policy statements by the Brook Advisory Centres.<sup>6</sup>

From the very beginning the Brook Centres have had the ear of government Ministers and have received every kind of official sanction and support for their aims and development.

In the late 1950s, when Helen Brook was still working for the Family Planning Association, she went to the DHSS, the Colonial Office and the newly-arrived West Indian High Commission, to express her concern over the high birth rate among the newly-arrived West Indian immigrants, who had been recruited overseas by London Transport to work on the buses and underground trains. She was then given the go-ahead to offer birth control advice to these black newcomers, and eventually set up her own clinic, in 1964, to deal specifically with West Indian mothers and also young unmarried whites<sup>7</sup> Today, all of the London Brook Centres, and most of the others, are situated in areas where there are high numbers of black ethnic minorities and poor whites. Perhaps it was appropriate, therefore, that the first Brook Centre in 1964 should have been set up in a house that had been given to Helen Brook by the Eugenics Society.

The Brook Centres have always championed permissive causes. During the 1960s they fully endorsed pre-marital sex, the legalising of abortion, and reform of the divorce and homosexuality laws. The following decade their stated aim was "... to challenge our established attitudes that sexual activity in young people is dangerous ", and they claimed that "...There are still too many workers in birth control clinics who believe, consciously or subconsciously, that sex before sixteen is sinful."<sup>8</sup>

Three vulnerable groups in particular were to be targeted by the Brooks: "...The girls who look much brighter than they are, but who are emotionally and sometimes socially deprived; the disadvantaged black girls who have been let down by society; and the 'invisible' (emotionally neglected) children of parents who live under acute marital stress."<sup>9</sup> These poor little inner-city waifs, whom the Brook described as being "...very often withdrawn and inarticulate...", were a far cry from the sales-pitch image of liberated youth that they then presented to the gullible and conniving media in the 1970s: "...It's all happening younger these days; not only sex but mature attitudes come earlier. Parents see it only in the context of their generation, which is inappropriate."<sup>10</sup>

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<sup>6</sup> Brook Advisory Centre: Annual Report 1992/3 1997/8

<sup>7</sup> General Practice 4.5.84

<sup>8</sup> B.A.C "Safe Sex for Teenagers" 1978

<sup>9</sup> Ibid

<sup>10</sup> Roundabout 9.1.74

In the wake of the 1973 National Health (Family Planning) Reorganisation Act, which required the tax-payer to fund everyone's birth control requirements, the Brook Centres were invited by the DHSS to advise them on how the provisions of the Act should be applied to under-age girls. This resulted in the notorious DHSS Memorandum of Guidance in 1974 which advised doctors that they could provide contraception to girls "of whatever age" .. without parental knowledge or consent. Three years later the DHSS issued the same advice to the medical profession regarding under-age abortions.

The Rubican had been crossed. The territory of parenthood had been officially invaded, and the duties and responsibilities of parents effectively usurped; not by do-gooders who thought that they could do better than parents in protecting children from moral harm, but by an already morally confused medical profession and a growing army of proselytising birth control agencies, backed by an international pharmaceutical industry.

However, the 1974 Memorandum went much further than just exclude parents from decisions over children's' contraception. It drafted in the Health Education Council to mount nation-wide campaign to inform everyone -including 'youth groups, community homes for adolescents, borstals 'and detention centres'- about the new, State-funded and State-managed birth control service. Even more importantly, it introduced the first national sex education programme for secondary schools and colleges, to be organised by family planning and health education staff, in conjunction with local Education Authorities. In short, an experiment in social engineering, of massive bureaucratic proportions, was being set up. Or rather, the public was being 'set up' for it,

Was it simply a coincidence that 1974 had been designated by the World Health Organisation as 'World Population Year' ?

For private birth control organisations such as the Brook Advisory Centres, the road sweep of the new legislation, and its morally neutral attitude towards teenage sex enabled them to pursue their own objectives with absolute impunity.

From now on they could not only publicly advocate teenage sex and advertise their confidential' services for under-age girls, but the State had even provided them, through its new sex education requirements, with a ready-made entree into schools, thereby guaranteeing the Brooks an ever-expanding contraceptive market among the young.

A golden Age for the Brook Centres had begun. Funding by the Department of Health started in 1977 with a modest grant of £5,250. Soon the Scottish Home & Health Board was also giving them annual grants for their Edinburgh clinic and 'All Scotland Work'. As the number of Brook Centres proliferated, and their contraceptive evangelisation of the young intensified, they were allocated increasing amounts from the straightened budgets of local Health and Education Authorities, Family Practitioner Committees and Social work Departments. Nor did it matter if teenage pregnancy rates rose or fell: the public funds.' Kept on rolling into the Brook's coffers. In 1981 when school girl contraception rates at NHS and Brook clinics was 1.9%, and under-16 pregnancy rates were 11 per 1000, with abortion rates of 6.2 per 1000, the Book Centres received £875,858 from the public purse. Yet in 1997, when contraception levels had topped 10% and

pregnancy and abortion rates were 14 per 1000 and 7.2 per 1000, their annual funding from national and local government sources was an incredible £3,544,974<sup>11</sup>.

Between 1977-1997 the total amount of tax-payers money that had been handed over to this self-serving organisation was in excess of £30 million. Over that same 20-year period more than 185,000 schoolgirls in England, Scotland and Wales had become pregnant with over half of them having abortions<sup>12</sup>.

**MYTH (4)**

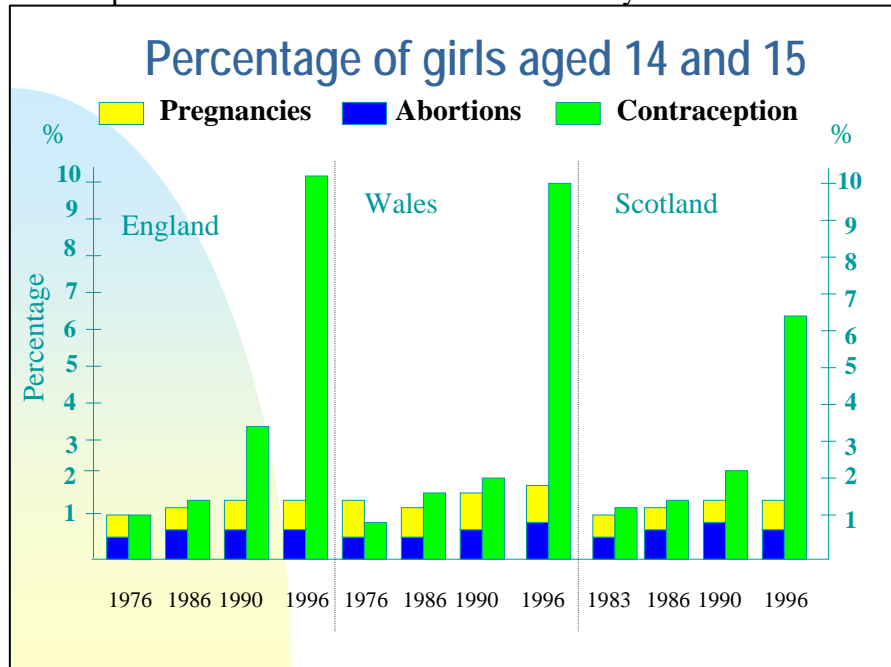
**The provision of contraceptives does not encourage under-age sex or promiscuity, since girls are usually already sexually active when they come for advice. Contraception is merely a realistic way of protecting them from pregnancy, abortion and disease.**

**REALITY**

Until recently, this was the commonest argument in defence of under-age contraception yet it simply doesn't stand up to the facts .... or even to common sense.

Everyone acknowledges that the advent of oral contraception in the 1960s was a pivotal moment in the history of women's sexual emancipation. Journalists have written endlessly on the theme of the 'Pill Revolution;- and even the Pill's inventor, Prof. Carl Djerassi, has said that "...the Pill liberated women. It gave them decision making power and enormous independence."<sup>13</sup>

Since nobody denies that modern contraceptives allow unmarried women to have sex whenever they fancy, why should it be any different for teenagers and girls Under sixteen ? Helen Brook herself regarded under-age contraception as "...one little bit of women's fight for freedom." <sup>14</sup>



The Edinburgh Brook Centre made it abundantly clear that contraceptive services, targeted at the young, encouraged early sex, when it reported that between 1975-1980 the number of teenage clients who were "...not yet sexually active..." had doubled From 11% to 22%. This was seen by the Brooks as an. "encouraging trend"<sup>15</sup>.

<sup>11</sup> B.A.C Annual Report 1981-1997  
<sup>12</sup> Office of National Statistics  
<sup>13</sup> Daily Telegraph 1.3.98  
<sup>14</sup> Family Planning News July 1974  
<sup>15</sup> B.A.C Annual Report 1982/3

The strongest evidence that more contraception equals more under-age sex, came in the year following the 'Court' of Appeal ruling in December 1984 (the 'Gillick case' ) then for ten months it was unlawful for doctors to provide contraceptives to girls under 16 without parental knowledge and consent. The Brook Centres reported a 50% drop in their under-age clients during 1985, and a detailed investigation by Sheffield Health Authority found there had been a 30% fall in clinic and G.P. attendance in the region, and that " ... a full year of continuing publicity and debate about the dangers of under-age sex, and the withdrawal of doctors' ability to prescribe contraception without parental consent, had no noticeable effect on the number of under-age girls who go pregnant .." and concluded that this was "... presumably because those girls either used some non-prescriptive method or contraception or abstained."<sup>16</sup>

National statistics show that the numbers attending NHS clinics in England during the years 1975-1984 had risen from 8,000 - 18,000 (rates: 1.1% - 2.5%) and had then falling to 12,000 (1.7%) after the Court of Appeal ruling. Furthermore, the predicted explosion in pregnancy levels had not occurred: the rates for the under-sixteens had remained unchanged that year, while the actual number of pregnancies had declined from 9096 to 8,829.

The Department of Health appealed against the 'Gillick' ruling, and in October 1985, by a split vote of 3-2) the Law Lords re-instated the government's policy on underage contraception, but insisted that secrecy from parents should be "most unusual" and that doctors should only withhold information from parents "in the most exceptional cases"<sup>17</sup> such as that of emergency, or parental neglect, abandonment of the child, or where understanding of what was involved in the contraceptive (or abortion) treatment, and their long-term emotional, physical and social consequences, in order for her consent to be valid in law. parent could not be found. The girl also had to have sufficient maturity and understanding of what was involved in the contraceptive (or abortion) treatment, and heir long-term emotional, physical and social consequences. in order for her consent to be valid in law.

All in all, this landmark judgement by the House of Lords should have prohibited secret contraception for the great majority of 11-15 year-olds. Yet less than six months later, in early 1986, the judgement was effectively set aside, when the Department of Health launched its nationwide 'Safe Sex' condom campaign against the spread of HIV/AIDS. Schools, the media and teenage magazines were recruited in a combined and sustained attempt to promote the condom and the Pill to teenagers, irrespective age of or whether their parents approved or not.

The overt style and broad-brush approach of this on going government campaign had an immediate and lasting impact on the behaviour of the young. By 1990 almost every 2-19 year-old in the country had been exposed to sexual information that was novel, explicit and non-directional. In effect, it initiated children into the world of sexual lifestyles...both hetero and homosexual...and then invited them

Between 1986-1997 attendance at NHS and Brook clinics by the under-16s rose more than four-fold from 15,000 to 66,000, while pregnancy rates increased from 12.8 per 10000 to around 14 per 1000, (they had been as high as 14.7 in 1\_990)

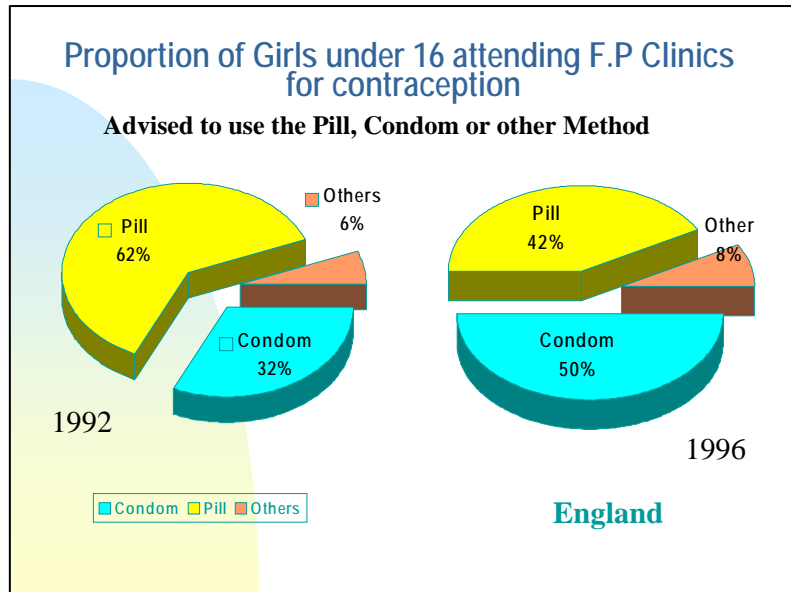
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<sup>16</sup> British Journal of Family Planning, Jan1987

<sup>17</sup> House of Lords: Gillick v DHSS

Claims by the Brook Centres and the British Medical Association et al<sup>18</sup>, that very few young girls went to their G.Ps for contraception, because of fears over lack of confidentiality, were shown to be false, when government 'Health of the Nation' statistics revealed that several thousand were in fact going to their doctors each year: over 15,000 in 1993, rising to 26,500 by 1996<sup>19</sup>

By now we had reached a point at which over 90,000 girls aged 14-15 (around one in 6) were going to clinics and GPs for some kind of birth control treatment, and yet the pregnancy and abortion rates were higher now than at any time in the previous twenty years. Moreover an ever-increasing proportion had been resorting to 'emergency' post-coital birth control. At the clinics, the numbers seeking the Morning-after-Pill rose from 2,200 in 1989 to 22,700 by 1997. Among 16-19 year-olds the numbers have risen from around 12,000 to almost 83,000, and it is estimated that an even greater number seek treatment from their GPs.



An explosion in casual sex and promiscuity, together with an inability to take the Pill consistently, or use a condom properly, are the acknowledged reasons for most teenage pregnancies and abortions; as also for requests for post-coital treatment and the rising tide of sexually transmitted diseases.

The proportion of adolescent girls advised by clinic doctors to use condoms as their primary method of birth control has risen from a third to a half since 1992<sup>20</sup>.

This shift may reflect a growing realisation in medical circles, that the Pill is generally an unsuitable drug to give to immature females, since it has now been confirmed that women who begin taking the Pill under the age of 20, have a 50% increased risk of developing breast cancer in their middle years<sup>21</sup>. (How many countless thousands of 30-50 year-olds must now be facing this risk?) Or it may be because girls are better educated today than in the 1970s and 80s, about other risks Associated with the Pill,; such as thrombosis and strokes. Or it may indicate that It least half of the clinics' clientele are judged to be promiscuous and therefore at even greater risk of catching a sexually transmitted disease.

<sup>18</sup> Confidentiality and People Under 16: BMA, GMSC, HEA,FPA, RCGP and B.A.C

<sup>19</sup> Dept. of health. Common Information Core. Health of the Nation

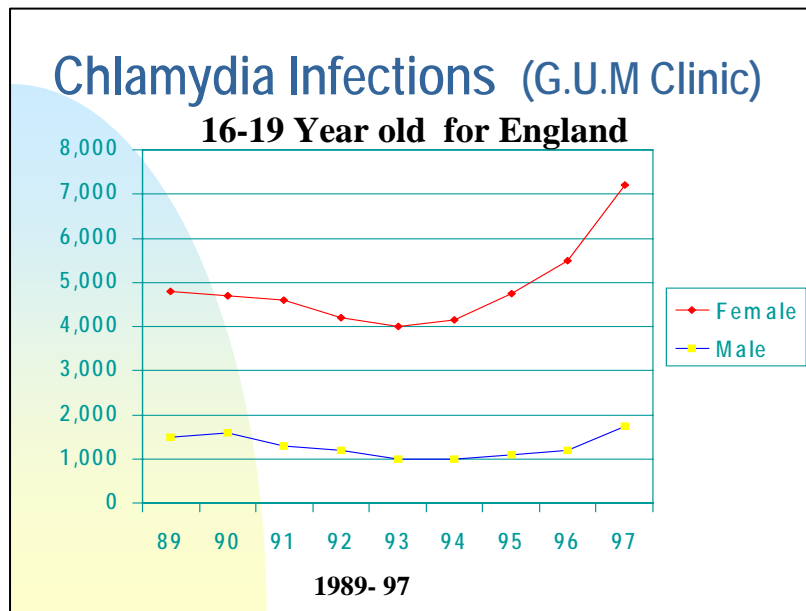
<sup>20</sup> See 5

<sup>21</sup> Lancet21.6.96

Whatever the reason, greater use of the condom is likely to leave these girls at even greater risk of becoming pregnant and/or diseased before very long. A WHICH magazine report in 1988 revealed that 15% of women whose partners used condoms regularly, would become pregnant within a year<sup>22</sup>

In 1991, research published by the British Medical Journal found that seven out of ten women who had unplanned pregnancies were using some form of contraceptives at the time<sup>23</sup>.

Separate studies of pregnant teenagers in 1989 and 1995, attending hospitals in West Glamorgan and Devon, for either a delivery or a termination, reveal an increasing proportion becoming pregnant while using contraception, up from 54% to 71%; and, in both years condom-failure was the chief culprit<sup>24</sup>



At the hospital in West Glamorgan the researchers uncovered another increasing statistic: of the 76% of under-18s who started having sex before they were sixteen, over half had more than one partner, and a third had three or more.

So not only does the propaganda for 'Safe Sex' encourage more sex, at younger ages; and create more peer pressure to have sex, more frequently, and with more partners; it also succeeds in putting vastly more girls into the highest risk category for child-

motherhood, or of suffering the horror of abortion. And if 'Safe Sex' cannot always, or for long, protect the promiscuous young from pregnancy, then it certainly cannot protect them against the present plague of opportunistic bacteria and viruses.

**Genital Warts:** The highest age specific incidence of this disease is found in girls aged 16-19 . Infection with certain strains of human **papilloma virus (HPV)** has been linked to cervical abnormalities and the development of cervical cancer. It is also linked to early sexual activity. Since 1994 the incidence of genital warts long girls aged 14-19 has risen to its highest level for over a decade. <sup>25</sup>

**Gonorrhoea :** The incidence of this disease declined rapidly across all age groups, and in both sexes, between 1978-1994, It is associated with ' - transmission between people who change partners frequently (core groups: teenagers and homo/bisexuals). These sexual mixing patterns are more common in the London area than anywhere else in the country. Since 1994 there has

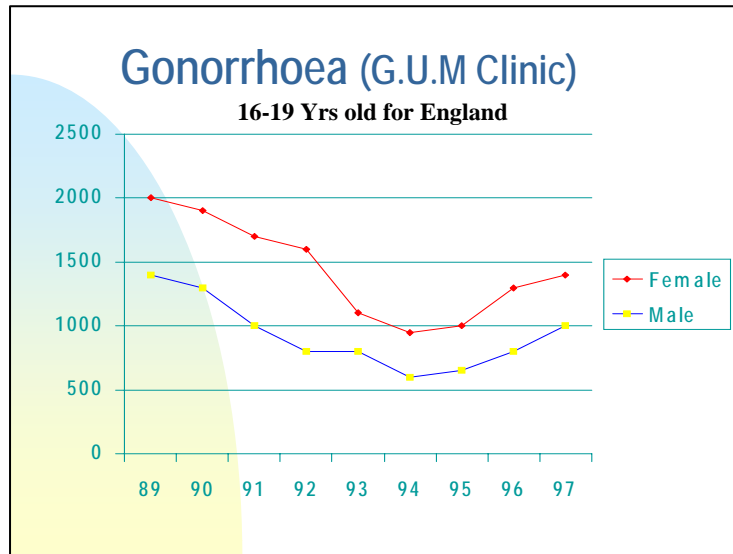
<sup>22</sup> WHICH 1988

<sup>23</sup> British Journal of Family Planning

<sup>24</sup> 1989 Schering Health Care (Hazel Curtis)

<sup>25</sup> PHL Communicable Disease Surveillance Centre

been a sudden increase in this disease among teenagers, particularly among girls under 16.<sup>26</sup> (core groups: teenagers and home/bisexuals).



Homosexually acquired Gonorrhoea :

Between 1996-97 the number of reported cases this disease in boys aged 14-19, acquired through sex between males, rose from 51 to 75, an increase of 47%. (The homosexual age of consent was reduced to 18 in 1994)

Chlamydia Infection :

This is the most common sexually transmitted disease in Britain. Already accounts for 40% of the caseloads at clinics. The high frequency of this infection among teenage girls is of particular significance , as it is a major cause Pelvic Inflammatory Disease (PID)

which causes severe abdominal pain, tubal infertility and ectopic pregnancy, which can be life-threatening. These results are costly to treat and have potentially serious lifetime consequences, and make Chlamydia the second most economically important sexual disease after HIV. The disease may be symptomless in up to 70% of infected women, and in 4-11% of infected men. Since 1994 the incidence of this disease has risen by 80% among girls aged -14-19, with a sharp rise also among 16-19 year-old boys. Factors associated with the disease are young females; a new partner within the last two months; the Pill; low social status. It is a disease of major public importance<sup>27</sup>

The chorus of media approval in the 1970s for liberated youth, has become in the 1990s a howl of disapproval for their feckless irresponsibility. The young have been in a no-win situation, and nobody has benefited more from their sad confusion than those dangerous lunatics who have looked to reap financial rewards from both the liberation and the irresponsibility.....

The Terrence Higgins Trust ..... £11,451,000 since 1985

The Brook Advisory Centres ....., £ 30;000,000 since 1981

The Health Education Authority .... £44,6,70,000 for 'sexual health' since 1985,

There are hundreds more like them, and more springing up each year; with hundreds of thousands now employed in the 'Safe Sex for Teenagers' industry. Where there's muck there's money. Small wonder then, that the industry has always recoiled in far and anger at the merest suggestion that society should offer the young a safer and more moral enhancing alternative to 'safe sex'.

Yet we owe it to our children, our future, and to our Creator who gives us both to carry on dispelling the Myths, exposing the fraud, informing the ignorant and .... Breaking the Silence about Truth.

<sup>26</sup> Ibid

<sup>27</sup> Genitourinary Medicine April 1997