

EDITORIALS

Sexual Health

Christian doctors have a huge role to play

The nation's sexual health is in decline, as evidenced by rising rates of teenage conception, abortion, sexually transmitted diseases, cervical cancer and mental health problems linked to early risky sex. The government is committed to lowering the under 18 conception rate by 50% by 2010, but its policies of 'over the counter' emergency 'contraception' and condom promotion look more like panic damage limitation than an attempt to address the root causes of the problem.

This issue of *Triple Helix* focuses on sexual health. Trevor Stammers (p3) reviews a major study indicating that family planning services may be increasing rather than reducing schoolgirl pregnancy and abortion rates. Chris Richards (p4) challenges the decision to make Levonelle-2 available at Tesco's, which he says will undermine the doctor-patient relationship and parental accountability and expose teenagers to more pressure to have sex before they are ready. Hazel Curtis catalogues the legacy of the sexual revolution for teenagers (pp6-8), and argues that little progress will be made without attacking the widespread belief that teenage relationships are somehow incomplete without sex. Trevor Stammers (pp10-11) later demonstrates that widespread condom use has been accompanied by increasing teenage conceptions and sexually transmitted diseases due to a combination of method and user failure and their inability to protect against herpes, HPV and chlamydia. Looking further afield, Claire Stark Toller (p5) and Jason Roach (p15) take issue with UN policy that has promoted abortion as part of 'reproductive health services' and condoned coercive sterilisation and abortion in China.

Jason reminds us that objections without solutions often meet opposition, scorn and resentment and Christians have often come across as judgmental and moralistic when speaking about sex. And yet it is obvious that societies that embrace the biblical model of enjoying sex within marriage will avoid many of the consequences of sexually transmitted disease, abortion and illegitimacy.

Christian doctors have a huge role to play in promoting effective sex education, crisis pregnancy counselling and the message that 'virginity is good and that saying "No" is OK'. Dickie Barr's *Love for Life* programme (p9), which is now used by an amazing 60% of schools in Northern Ireland, is a wonderful example of 'best practice'. Let's be doing more of the same.

Peter Saunders

Managing Editor of Triple Helix



Family planning services are ineffective

But when will those responsible admit it?

'Teen sex advice "ineffective"'. The BBC News website¹ could not report it without using inverted commas. Anne Weyman, the Chief Executive of the Family Planning Association, blustered about it on the *Today* programme with noticeably less self-confidence than usual. However, *The Observer*, which normally avoids covering such news altogether, was uncharacteristically the most frank in its coverage. 'Abortions rise in under-age sex crisis – Morning-after pill, lessons in family planning and early puberty are all blamed for soaring pregnancies.'²

The cause of all this press furore was the publication by a prestigious journal of a paper by Dr David Paton indicating that family planning services have no positive impact on reducing the rate of pregnancy or abortion among schoolgirls and may in fact be having the reverse effect.³

Using a mathematical model of rational choice, Paton suggests that improving access to family planning has an ambiguous impact on underage conceptions. Teenagers who will engage in sexual activity in any case have a reduced risk of pregnancy but increased access raises the likelihood of engaging in sexual activity for those who otherwise would not have done so. Thus the overall effect may be to increase or decrease underage conceptions. Paton tests these competing hypotheses using UK regional data from 1984-1997 in two ways.

First, he examines the effect of the 1984 Gillick ruling,⁴ which severely reduced the attendance of under-16s at family planning clinics for some time, until it was overturned in 1985. Using data for over-16s (who were unaffected by the ruling) as a control, Paton concludes, 'There is no a priori evidence in the raw data that the Gillick ruling had the effect of increasing underage conceptions'.³

The second approach estimates conception and abortion rates for under -16s as a function of attendance at family planning clinics. Again Paton finds 'no evidence that greater access to family planning clinics has reduced underage conceptions or abortions. Indeed there is some evidence that greater access is associated with an increase in underage conceptions in our sample.'³

I have argued elsewhere in this journal (pp10-11) the reasons why increasing provision of condoms in particular may be counter-productive. The sad thing is that Paton's research was immediately rejected out of hand by the FPA whose spokesperson Juliet Hiller 'rejected the suggestion that giving young people advice was ineffective'.¹

The vested commercial interests of contraceptive manufacturers and providers are as powerful as that of the tobacco industry in blinding their eyes to the evidence of the harm they are doing. Jesus had strong words to say both to those who led young people astray⁵ and those who rejected clear evidence because of ulterior motives.⁶ It has taken decades for a tobacco executive to declare publicly for the first time ever recently that smoking harms health. It will probably take decades more before those who promote the false security of the 'safer sex' message as the primary answer to declining teenage sexual health actually admit they are wrong, but Paton's important paper does bring that day a little nearer.

Trevor Stammers

General Practitioner in West London

1. *Teen sex advice 'ineffective'*. www.news.bbc.co.uk . 4 March 2002
2. Ahmed K. Abortions rise in under-age sex crisis. *The Observer* 2002; 17 March
3. Paton D. The economics of family planning and underage conceptions. *Journal of Health Economics* 2002; 21:207-225
4. In Dec 1994 the UK Appeal Court ruled in favour of Mrs Victoria Gillick in *Gillick vs West Norfolk and Wisbech Health Authority*, that contraceptive advice should not be given to those below the age of 16 without parental consent. The ruling was eventually overturned by the House of Lords in the autumn of 1995.
5. Matthew 18:6
6. John 5:44-47



Going down to Tesco's

More foolish 'damage limitation'

Two Somerset branches of the supermarket chain Tesco's are to take part in a pilot scheme in which a company pharmacist may dispense the morning-after pill (MAP) free without prescription to those under 20, but without lower age limit, after an interview. Named records are not to be kept and no one else will know of the request.

This initiative, allowed in a named area under a Ministerial Order of August 2001 called 'Patient Group Directions', is the latest manifestation of a government programme that aims to reduce the under 18 conception rate by 50% by 2010. While the aim is laudable, the means is not. We should be concerned about this liberalisation of the MAP availability for at least four reasons.

First, the MAP can work as an abortifacient. The Levonelle-2 preparation used in this initiative is a progesterone-only MAP whose makers acknowledge sometimes works by preventing implantation of a fertilised ovum.

Second, the supermarket pharmacy, even having a quiet room away from the queue, is the wrong context for a young distressed girl to make such a request and to receive counselling and care. Even exchange of essential medical and social information will need time and sensitivity. Issues include side effects (nausea and/or vomiting in 25%), what to do if the girl vomits within three hours of taking the tablet, and the 'failure' rate of perhaps 15% of all potential pregnancies. A discussion of the social context is equally essential (eg. coercion by an older man, concomitant alcohol and drug use).

Third, these arrangements remove all accountability of the child to the parents and other health professionals in the discredited belief that this has a negative effect on teenage conception rates. The evidence suggests otherwise. For example, in the ten months after the Gillick case of 1984 it was unlawful in England for doctors to provide contraception to girls under 16 without parental knowledge and consent. Under 16 family planning clinic attendance fell by over 30% but conception rates remained unchanged.¹ Accountability to parents, it seems, was not only a disincentive to family planning clinic attendance but also to sexual activity.

Accountability to parents and others also has the important benefit of affording the young girl protection from exploitation by older men. This is one important reason for there being an age of consent in this country.

Finally, this government strategy is underpinned by the disastrous assumption that there is no right or wrong in teenage sexual activity - just choice. As teenage conception rates continue to rise, they conclude that the choices are not being made accessible enough.

The amoral assumptions of a health service with an increasingly dominant atheistic worldview are damaging our nation's children. When a society chooses to ignore God's wise rules for living, the practical outworkings in damage limitation often look desperate and disturbing. Like what has just appeared in our supermarkets.

Chris Richards

Consultant Paediatrician in Newcastle-upon-Tyne

1. Paton D. The economics of family planning and underage conceptions. *Journal of Health Economics* 2002; 21(2): 27-45

For further information on the MAP refer to *The Morning-After Pill - Promoting Promiscuity* published by The Christian Institute 2001 and *Young People and the Morning-After Pill* published by the Family Education Trust.

'Religious Tolerance' on Campus

A wolf in sheep's clothing?

A disturbing trend was highlighted by the recent publication of a document entitled *Religious Tolerance and Respect on Campus*.¹ Written by a Muslim chaplain at Oxford University, it claims the support of several organisations, including the National Union of Students.

Its aim is the establishment of interfaith discussion groups on campus, a seemingly innocent goal, and yet on closer reading there is a distinct undercurrent against evangelical Christianity. Proposals for a code of practice include: 'no university student organisation should discriminate on grounds of religious belief in their rules for membership or leadership, and no doctrinal test should be imposed on members or leaders'.

Specific mention is made of the 'discriminatory doctrinal test' of CMF and UCCF groups. This strange proposal would leave groups open to infiltration by anti-Christian elements and even leadership by Muslims or anyone else.

The document mentions groups such as Al-Muhajiroun (a Muslim group with links to terrorist organisations such as Hamas and Hizbollah), alongside 'fundamentalist missionary groups' such as the 'Ishmael mission' (a reference to CMF's 'Ishmael my Brother' conferences) and All Souls' church in London.

It then describes fundamentalism as 'throw[ing] out entirely the heritage of centuries of both modern and ancient sacred scholarship and debate'. Furthermore, 'the Fundamentalist's Bible or Qur'an is a "loose-leaf" text, where you selectively tear out the pages that don't suit you.'

Further proposals include that 'no proselytising activity should be directed against another faith community'. This would outlaw any dialogue between Christians and other faith groups aimed at reaching objective truth and allow only that aimed at gaining understanding of another person's beliefs.

Biblical dialogue, on the other hand, is concerned not only with seeking understanding, but also with opposing challenging false belief, albeit 'with gentleness and respect'.² It is seen in the many instances of the use of *dialogomai* in the New Testament, such as Acts 17:2,3, where Paul 'went into the synagogue, and... reasoned (*dialexato*) with them from the Scriptures, explaining and proving that the Christ had to suffer and rise from the dead' (Acts 17:2,3).

Andrew Carey responded to *Religious Tolerance* in the *Church of England Newspaper*: 'under the guise of tolerance, we have a clear attack on religious freedom'.³ Don Horrocks of the Evangelical Alliance stated that 'it is unrealistic to expect religious groups to leave their religious beliefs at the door of public debate in pursuance of some politically correct, ridiculous, lowest common denominator'.⁴

This initiative is disturbing in its subtle attack on religious freedom of speech. It reflects the rising tide of aggressive pluralism, where any and every opinion is welcome, just so long as it doesn't claim to be objectively true. We must pray for our students on campus, who are in the 'front line' of evangelism, that they will take their lead from those like Paul and not be afraid to stand up for the truth of the gospel.

Mark Pickering

Trainee General Practitioner and CMF Student Secretary

1. Available at www.university-church.ox.ac.uk/lrtc.htm

2. 1 Peter 3:15

3. Carey A. New threat that could close Christian Unions. *Church of England Newspaper* 2002, 12 April

4. Bonthron PJ. Muslim's call on Christian groups is 'ridiculous'. *Telegraph* 2002, 1 May. See also letters of same edition.

EDITORIALS

Ian Stillman

A gross miscarriage of justice

Ian Stillman is profoundly deaf, diabetic, has only one leg and is a Christian. He has lived in India for 30 years and established the Nambikkai Foundation for the deaf.

It has helped over a thousand deaf people to find jobs, and endeavours to improve the image of the deaf - many in India still believe disability reflects sins from a previous life.

In August 2000 Ian was in North India, researching work amongst the deaf there. Police allegedly found a bag containing 20kg of cannabis in his taxi. Incredibly the others in the taxi were released, but Ian was arrested and charged with drug smuggling. At first he and his family adopted a low profile. Knowing he was innocent and physically incapable of carrying a 20kg bag of anything, Ian trusted Indian justice, and was confident that he would soon be free. He did not want too much fuss lest the authorities be antagonised, and his release delayed.

The case is scarcely credible. He was tried in Hindi - which he doesn't understand, was denied a sign language translator and had to rely on lip reading his lawyer's English. He was convicted and sentenced to ten years imprisonment. His appeal failed, the court deciding he was 'hard of hearing' rather than deaf. All hopes were pinned on his appeal to the Indian Supreme Court, but in May this year the court refused to allow his appeal, one of the judges stating that the disabled were 'well known to be involved with drugs'. Characteristically, Ian was more upset at this slur on the disabled than on his own continued incarceration.

With the legal process ended, there is a growing campaign to persuade the authorities to think again. There are real concerns for his health, and prejudice against the disabled - especially the deaf - has been unmasked.

Ian, like his Saviour before him, has been a victim of gross injustice but has been sustained throughout by a sense of God's presence and of prayer support from around the world. But why not write to him in prison, sign the petition (contact *Friends of Ian Stillman*, 13 Hilton Place, Leeds, LS8 4HF - www.ianstillman.fsnet.co.uk) or write to your MP? Get your church concerned and praying!

Richard Henderson

Consultant Radiologist in North Yorkshire



Ian Stillman

A World Fit for Children

The UN takes a welcome step

On 11 May, after tense and protracted negotiations, the UN General Assembly Special Session on children unanimously adopted a draft resolution entitled, 'A World fit for Children' to protect children from poverty, exploitation and disease. This marked a victory for the US, allied with the Holy See and Muslim countries including Sudan and Pakistan, who had campaigned hard to remove from the document language that promoted abortion and recognised homosexual marriage as a type of family.

Controversy centered round the phrase 'reproductive health services'. The EU and Canada had endeavored to ensure that children had access to these services.¹ However, in discussions in June during the lead up to the Summit, the Canadian delegate to the UN admitted, 'Of course [reproductive health services] includes, and I hate to say the word, but it includes abortion'.

This admission prompted the US and her partners to insist that the phrase be removed from the final UN document. This campaign was successful and all references to reproductive health services have been removed and replaced by less concrete terms: 'we resolve to achieve the following goals... access... to reproductive health for all individuals of appropriate age'.² At the end of the special session, the US gave a separate statement in explanation underlining that it in no way understood any of the other terms, such as 'basic social services' or 'family planning services', contained within the final document to include abortion, abortion-related services or abortifacients.³

The US also reaffirmed its commitment to the promotion of sexual abstinence and delayed sexual initiation as the central message of sexual education.^{3,4} This approach received a predictably dismissive response from European and Canadian delegates in particular. With reference to HIV/AIDS pandemic, the Director-General of the WHO, Gro Harlem Brundtland, said, 'we need to focus on the realities of teenage lives, rather than on our views about how young people should live'. No mention of sexual abstinence was included within the final document.

The second controversial phrase 'various forms of the family' was added to the UN lexicon in 1994 at the International Conference on Population and Development with the support of the Clinton administration, the EU and Canada. Pro-family nongovernmental organisations have long held that this term is an attempt to include homosexual marriage within UN instruments.⁵ In its statement in explanation, the current US administration confirmed that it understood the phrase 'to include single parent and extended families'; no reference to homosexual partnerships was made. The term, without explanation, remains within the current UN document.

'A World Fit for Children' is a very positive document that promises to achieve much for children over the next ten years. As Christians, we should endeavor to ensure that children throughout the world are protected from abortion and changes to the traditional family.

Claire Stark Toller

Senior House Officer in Buckinghamshire

1. Venis S. UN conference on children bows to US pressure. *The Lancet* 2002;359:1753
2. *A World Fit for Children*. Outcome document of the Special Session on Children, unofficial advance unedited version. Section 1:36 (g) - www.unicef.org/specialsession
3. Statement in Explanation of Position by United States Ambassador Sichan Sav at the Special Session of the United Nations General Assembly on Children following Adoption of the Outcome document - www.un.int/usa/02_070.htm
4. The Whitehouse News and Policies - www.whitehouse.gov/news/releases/2002/02/welfare-book-06.html
5. Catholic Family and Human Rights Institute. *Friday Fax* 2002;5:15 - www.c-fam.org