

Evidence
in support of
Scottish Family
Party Policies

Ideally, children should be brought up by a mum and a dad, providing a male and female role model and complementary qualities.

Mothers and fathers provide necessary, distinctive roles and influences in the lives of their children. Such distinguishing roles and traits are imperative for the healthy, well-rounded development of children, as well as imperative to the formation of their unique identities. Not only is being raised by one's biological mother and father a component for establishing a child's identity, but the dual-gender influence present in the mother/father partnership is an essential component for the development of well-rounded children.

Mothers and fathers, being emotionally and cognitively complementary, each provide different roles in the family dynamic. Fathers provide protection, a sense of security, and influence the development of the imagination and critical thinking skills through creative play. A mother provides comfort, nurturing, and fulfillment of emotional needs. Children also learn emotional regulation and healthy attachment through motherly interaction, which provides the foundation for resilience to stress in adulthood.

The more authoritative parenting of fathers leads to better emotional, social, academic, and behavioral outcomes. Children with higher levels of father involvement have higher levels of confidence, sociability, self-control, are less likely to act out in school, have fewer teen pregnancies, and are less likely to participate in risky behaviors in adolescence such as crime and drug and alcohol abuse. Fathers influence the development of imagination and critical thinking skills through creative play. The rough-and-tumble play that fathers provide allows for the opportunity for fathers to quickly bond with their children, as fathers and children

get their peaks in oxytocin from playing with each other. This type of play with fathers is beneficial for the development of children because it's reciprocal and risky. This type of play teaches the child about the give and take of relationships and how to determine and appropriately handle risk.

Fatherless children are more likely to experience poverty as children and adults, and are more likely to struggle with mental disorders such as anxiety, suicide, and depression. Fatherless children are also more likely to struggle with mental health disorders like anxiety, suicide, and depression. The absence of fathers hinders development, beginning at infancy, and the psychological harm of father absence continues throughout adulthood. Boys, specifically, who experience father loss have shorter telomeres, or the end-caps of chromosomes. Shorter telomeres are associated with health issues such as heart disease and cancer.

Regarding same-sex parenting, sociologist Dr. Paul Sullins found that children of same-sex parents experienced “definite” or “severe” emotional problems at a rate of 14.9% versus 5.5%, were diagnosed with Attention-deficit/hyperactivity disorder (ADHD) at a rate of 15.5% versus 7.1%, struggled with learning disabilities at a rate of 14.1% versus 8%, and received special education and mental health services at a rate of 17.8% versus 10.4%.

Children with married same-sex parents are over twice as likely to have above-average negative interpersonal symptoms (22.7%) than those with unmarried same-sex parents (11.5%), though overall, children with same-sex parents have lower negative interpersonal symptoms than children with opposite-sex parents, showing that they are not subjected

any more to social rejection than opposite-sex parented children. Anxiety is also higher for children who have both married and unmarried same-sex parents, though surprisingly higher with married parents. The number of children reporting daily fearfulness or crying is higher for children with unmarried opposite (4.4%) and same-sex parents (5.4%), but over ten times higher for children with married same-sex parents (32.4%).

Almost every child with same-sex parents (83-88%) reported having experienced at least one familial transition compared to 45% of children with unmarried opposite-sex parents, and 19% of children with married opposite-sex parents. The number of children who had experienced at least one transition from one set of parents to another was at least four times higher for unmarried and married same sex parents than for those raised by opposite-sex parents. Further, 10% to 12% of children with opposite-sex parents reported having been forced (or forcing someone) to have sexual intercourse. For those with same-sex unmarried parents, this percentage doubles, and almost triples with same-sex married parents.

The SFP does not support the use of NHS resources for any fertility-related treatment apart from for a man and a woman in a long-term, stable relationship. There must be an intention of a child being brought up by a mother and father.

[The Scottish Government has proposed](#), as part of their efforts to combat population challenges, increasing access to fertility treatment to encompass not only couples, but single persons. This means allowing single persons to intentionally conceive children who will be deprived of their mothers or fathers. Instead of depriving children of the [essential](#)

[complementary balance of mothering and fathering](#) needed for their overall development and success, the Scottish Government should instead stop focusing so much of their efforts on providing women means to [eliminate their children through abortion](#). Less children disposed of through abortion would certainly [increase population growth](#).

ADOPTION, FOSTERING, FERTILITY TREATMENT AND CARE

Society tries to diminish the relevance of gender and biology and to state instead that “love is what makes a family,” but, in doing so, we deny a basic building block of reality and men, women, and children get commodified in the process. Conceiving children through gamete donation profoundly impacts the rights of these children themselves, such as causing them to struggle with a vague or nonexistent genetic identity. When you were a child, was “love” all you really needed? There may be “more to being a parent than biology,” but isn’t a large part of being a child learning to develop and figuring out one’s own identity? A large part of this, of course, comes from a person’s knowing the biological inheritance from which he or she came, which children piece together subconsciously through their parents. Seeing our own characteristics in our biological parents and family is how we differentiate ourselves from the rest of humanity. As stated by an adoptee: “[Temperament and even our facial expression](#)— are largely inherited. When people adopt a baby, that child becomes part of their

adoptive family, but they also belong to another family too — their family of origin. No amount of *love* will erode the fact that who we are reflects where we come from.”

How gamete donation contributes to commodification and lack of biological information

Adoption should be promoted as a noble and altruistic course, giving children what they really need. Steps to honour and appreciate adoptive parents could combine with a broader campaign to urge couples to consider adoption.

Preference should be given to married couples, husband and wife, in fostering and adoption decisions. The goal is to give children what they need - a father and mother - not to give adults what they want.

When family reunification or kinship care isn't possible, children deserve to be raised within a stable, married, mother and father household structure, where they can reap the benefits of a secure familial unit that provides them the essential complementary benefits intrinsic within being raised by opposite-sex parents.

Many same-sex parenting advocates will claim that there is no difference in outcomes when children are raised by two mothers/fathers instead of a mother and a father. The American Psychological Association even issued a brief stating that “Not a single study has found children of lesbian or gay parents to be disadvantaged in any significant respect relative to children of heterosexual parents.” However, Professor Loren Marks noted that, “26 of 59 APA studies on same-sex parenting

had no heterosexual comparison groups. And in comparison studies, single mothers were often used as the heterosexual comparison group. In none of the 59 published studies were the definitive claims substantiated.”

Richard P. Fitzgibbons, a doctor of Family Medicine and Psychiatry, has found that “two major studies, . . .Gartrell and Bos (2010) and Biblarz and Stacey (2010), are often cited by gay activists and extensively in the media. These studies claim that no psychological damage occurs to children who were deliberately deprived of the benefits of gender complementarity in a home with a father and a mother. The article by Gartrell and Bos relies solely on self-reports of the lesbian mothers who were aware of the political agenda behind the study . . .similarly, in the research done by Biblarz and Stacey, in 31 of the 33 studies of two-parent families, it was the parents who provided the data, which consisted of subjective judgments. As with the Gartrell and Bos study, this created a social desirability bias, because the lesbian parents knew full well why the study was being done.”

In actuality, Dr. Fitzgibbons found a plethora of evidence to the contrary:

“A 2013 Canadian study . . .which analyzed data from a very large population-based sample, revealed that the children of gay and lesbian couples are only about 65% as likely to have graduated from high school as are the children of married, opposite-sex couples. The girls are more apt to struggle academically than the boys. Daughters of lesbian ‘parents’ displayed dramatically lower graduation rates. Three key findings stood out in this study: children of married, opposite-sex parents have a high graduation rate compared to the others; children of lesbian families have a very low graduation rate compared to the others;

and children in the other four types of living arrangements (common-law marriage, gay couple, single mother, and single father) are similar to each other and fall between the extremes of married heterosexual parents and lesbian couples.

...A study of primary school children in Australia . . . compared the social and educational development of 58 children living in married families, 58 living with cohabiting heterosexuals, and 58 living in homosexual unions. The authors found that married couples offer the best environment for a child's social and educational development, followed by cohabiting heterosexual couples and lastly by homosexual couples.

...In a 2015 study . . . using a representative sample of 207,007 children, including 512 with same-sex parents, from the US National Health Interview Survey, emotional problems were over twice as prevalent . . . for children with same-sex parents than for children with opposite-sex parents.” And: “Attention-deficit hyperactivity disorder was more than twice as prevalent among children with same-sex parents than in the general population, after controlling for age, sex, ethnicity, and parent socio-economic status.

. . .68 women with gay or bisexual fathers and 68 women with heterosexual fathers found a statistically significant difference between the two groups. The women (whose average age in both groups was 29) with gay or bisexual fathers had difficulty with adult attachment issues in three areas: (1) they were less comfortable with closeness and intimacy; (2) they were less able to trust and depend on others; and (3) they experienced more anxiety in relationships compared to the women raised by heterosexual fathers (and mothers).

...A ground-breaking study from the University of Texas at Austin . . . found that young-adult children (ages 18–39) of parents who had same-sex relationships before the subjects had reached the age of 18 were

more likely to suffer from a broad range of emotional and social problems. The study is noteworthy for several reasons: (1) his study sample was large, representative, and population-based (not a small, self-selected group); (2) Regnerus studied the responses of adult children rather than asking same-sex parents to describe how their young dependent children are doing; and (3) he was able to draw comparisons on up to 80 measures for children who had lived with (or had) parents who fell into one of eight categories—intact families with both biological parents who were married to each other, lesbian mothers, gay fathers, heterosexual single parents, parents who later divorced, cohabiting parents, parents who adopted the respondent, and other (such as a deceased parent). The children of lesbians and gays fared worse than those in intact heterosexual families on 77 of the 80 outcome measures. Exceptions related only to the voting habits of children with gay fathers, and alcohol use by children of lesbian mothers.”

We disagree with government-funded Stonewall’s “co-parenting” advice (available through the NHS website). For example, it suggests children be conceived by adults, each of whom is already in a sexual relationship with another person, or by two single people. Adults should not choose to bring children into arrangements without a single stable home.

Being raised in the home of their married mother and father gives children a [biological connection](#) with both parents who are, statistically, the people most likely to protect, provide for, and be permanently attached to their kids.

The family structure is the foundational social template where children base all of their future relationships. Children from secure familial relationships tend to do better in school, engage in less criminal activity, and obtain more stable employment. Not only are secure families best for children, but *married*, as opposed to cohabiting families, generate the best stability for children. Cohabiting families separate at higher rates than married couples, which is why it is vital to publicly declare how the commitment of marriage strengthens the familial unit and reduces harm to children.

Children coming from fractured families are more likely to experience poverty, as couples on the lower income bracket are more likely to cohabit. This is likely due to the welfare state incentivizing lone parenthood, women wanting the flexibility to easily separate from unsuitable partners, an intergenerational pattern of cohabitation, or simply out of convenience or financial concerns. For children born into poverty with married parents, there is an 80% chance of moving out of poverty, but only a 50% chance compared to those born into poverty from unmarried parents.

Further, unstable familial relationships are a huge factor in childhood mental health, as 6% of children with married parents have mental health disorders, compared with 12% of those children with cohabiting parents. Parental separation is an Adverse Childhood Experience that puts children at risk of developing toxic stress that can permanently alter development and cause life-long health problems, and “two out of three children born to cohabiting parents will experience the loss of at least one major attachment figure before the age of 12” (<https://ifstudies.org/blog/cohabitation-attachment-and-intergenerational-repetition>).

California Surgeon General Nadine Burke Harris stated that children who have endured four or more adverse childhood experiences have double the risk for heart disease and cancer, have triple the risk for chronic lung disease, are four and a half times more likely to develop depression, and show an eleven times higher incidence of Alzheimer's Disease. Through her own work she also found that children who have experienced significant childhood adversities had significantly worse health outcomes than those that hadn't. She witnessed much more ADHD, asthma, and autoimmune disorders. She observed this not only in children in poverty, as many would presuppose, but in children of all ethnicities and economic circumstances. These health issues come about purely as a matter of basic human biology and the impact one's environment has on one's biology. The body's natural biological stress responses change the structure and function of the developing brains of children, as well as their immune systems and hormonal systems.

The Centre for Social Justice revealed that the highest rates of cognitive delay are found in children of stepfamilies, as "children who had experienced family structure change had lower cognitive assessment indicators and higher behaviour problems at age 5, compared to those who had not." This was found even after taking background factors into consideration such as income. Family structure also has a greater impact on the presence of behaviors, regardless of maternal education or poverty, such as aggression, hostility, conduct disorder, and delinquency.

The Newcastle Thousand Family Study showed that the likelihood of conviction for boys was doubled if they experienced family separation before the age of five, and a study done on adolescents in Croydon showed that 72% of the 60 boys either involved in or at risk of being involved in crime came from families missing a father, and 42% had

experienced domestic abuse. Losing a parent also increases the probability of consistent alcohol consumption in boys, increased emotional issues in girls, and those children experiencing family instability and even those in stable cohabiting families are 33% and 39% less likely to continue in education after 16.

We must stop pretending that cohabiting parents are just as suitable for children as married parents.

The practice of deliberately influencing the genetic make-up of children through selecting for desired characteristics is eugenics. This is now taking place routinely through the process of sperm and egg donor selection from what are effectively catalogues. We oppose this insidious process in which adults attempt to generate a child to fulfill their own wishes and reflect their own priorities. All new human life should be equally valued and welcomed, but acceptance of eugenics erodes this vital principle.

As stated in the Universal Declaration of Human Rights, “All human beings are born free and equal in dignity and rights.” Treating children as commodities to be designed and purchased is an affront to their inherent dignity. Gamete donation databases are set up in Tinder-like fashion to showcase the hobbies, education level, phenotype, age, childhood and adult photos, etc. of donors, so that commissioning parents can “imagine how their son or daughter might look.”

Further, The IVF process is fraught with eugenic practices. The IVF process often contains the preimplantation screening of 6- or 7-day old blastocysts (early embryos), to not only determine the likelihood of implantation success, but also screen for chromosomal abnormalities

such as Down Syndrome, and inherited genetic anomalies such as cystic fibrosis and spinal muscular atrophy. Embryos are often chosen for transfer based on their likelihood of successful implantation in the womb by a screening process that picks the “best” blastocysts to implant. After these blastocysts are screened, only the ones determined “genetically healthy and normal” are transferred with the hopes of implantation. This eugenic practice opens the door for even further elimination of “defective” children by screening for not only detectable diseases and disorders, but also screening for those which may or may not appear later in life.

Researchers have also found that embryos with abnormal cells have the ability to self-correct, or push the abnormal cells out and replace them with normal cells. Eliminating these early embryos, of course, destroys untold numbers of developing human beings that might have later been designated as “good quality.”

Aside from the eugenic concerns, donor conception can leave children with a sense of incomplete identity and a yearning to discover their biological origins. We would give donor-conceived children the right to know who their biological parents are.

In a study done by the Institute for American Values on more than a million households across the United States, households that included a mixture of persons ages 18 through 45 who were conceived through sperm donation, adopted as infants, or raised by their biological parents, reveals some interesting conclusions. The children conceived through sperm donation were more confused, in more emotional pain, and felt more isolated from their families. Those raised by their biological

parents fared better in terms of depression, delinquency, and substance abuse. Almost two-thirds of those conceived through sperm donation stated that “my sperm donor is half of who I am.” Almost half of the persons conceived through donation were bothered by the reality that money was involved in their conception, two-thirds affirm their right to know their origins, and almost half have serious objections to donor conception, even when they know the truth about their own origins.

We would look at ways to discourage the use of donor gametes and we seek to open up public debate on the topic, including the voices of those who were donor conceived.

While there are a lot of gamete donation websites that focus on what suits the needs of commissioning parents, there is little focus on how the children conceived through gamete donation are affected.

Reproductive technologies treat children as products which can be designed, purchased, and delivered to adults. When you swipe your credit card for a product, that’s a commercial transaction. This is true whether or not the intended parents are the biological parents of the surrogate-born children, and regardless of how desperately they are “wanted.” Around half of children created through reproductive technologies are disturbed that money changed hands during their conceptions. These children often feel commodified and purchased.

“...parenthood isn’t something that you can buy on a contract...Why don’t you do yourself a favor and research the medical definition of a mother yourself? Does it say anything about how contracts and money decide parentage? Tell me.”

“I don’t care why my parents or my mother did this. It looks to me like I was bought and sold...the fact is that someone contracted you to make a child, give up your parental rights and hand over your flesh and blood child. When you exchange something for money it is called a commodity. Babies are not commodities. Babies are human beings.”

Surrogacy, where a woman gestates a child on behalf of another person or couple, with the intention of handing him or her over immediately after birth, should not be permitted. Among other problems, it brings psychological risks to the surrogate mother, can cause children to experience emotional problems relating to identity and origin, and can occasion disputes between commissioning parents and the surrogate mother. Scotland should join France, Germany, Italy, Spain, Switzerland, Austria, Norway, Finland, and Iceland in banning this practice.

Surrogacy treats women as incubating machines that simply do a job and deliver a product, as a surrogate’s main objective is to grow a healthy baby and deliver the product back to the commissioners. Furthermore, this objectification turns the conception of children into a manufacturing process that diminishes children to mere products. Surrogacy, which intentionally separates pregnancy from motherhood, suggests to the world that pregnancy need not be considered in any significant way a mark of motherhood, and that there is nothing especially meaningful to the prenatal bond which occurs between mother and child.

[Surrogacy is banned in several countries](#) such as France, Germany, Italy, and Spain, causing many to go abroad to countries such as the United States, Russia, Georgia, and Ukraine, to pursue the surrogacy process. In the UK alone, 150 surrogacy arrangements per year are international

arrangements. This treats women as commodities to be outsourced and children as products to be traded internationally on top of the already undignified treatment of women and children inherent in the domestic surrogacy process.

There are two types of surrogacy: gestational and traditional. In gestational surrogacy, the woman carries a child that is not genetically related to her. This embryo might have been formed from the gametes of the “intended parents,” or from gamete donors. In traditional surrogacy, the “substitute” mother carries either an embryo that is made with her own egg, or she is artificially inseminated by sperm from the “intended father,” or a donor. There are many ethical issues and much falsity in terms such as “intended parents,” “substitute mother,” “donor,” and “altruistic.” All of these terms seek to diminish the distortion of reality that is involved in the surrogacy process. Donors are not simply “donors,” but the biological parents of these children. There are no “intended parents” and “substitute mother,” but simply “mother” and persons who are strangers to the commissioned child.

‘Altruistic’ surrogacy is a surrogacy arrangement where the surrogate does not get financially compensated for carrying the child beyond basic expenses, such as medical costs. “Altruistic surrogacy” exploits a woman’s willingness to unselfishly devote herself to helping others, usually those who are close to her, such as friends and family members. Even when no money is exchanged, it is undeniable that a woman’s body is used, and that a human being is exchanged, based on a contractual arrangement predetermined before conception, one that is truly only in place to [control the surrogate throughout the nine months of the pregnancy](#). The exchange of money in cases of commercial surrogacy only shines a bright, exposing light on the commodification of children which already exists in altruistic surrogacy. Children deserve to

not intentionally be birthed into situations in which the woman they know as mother in the cores of their beings has been obliged, legally, to neither bond with them nor feel any lasting maternal, loving instincts towards them, whether or not that woman is being compensated for her efforts.

When pregnancy is reduced to anything less than the special moment of the beginning of motherhood and instead as a means to get what we want, the door is opened to manipulate and exploit women in a variety of ways such as benefiting from their financial vulnerability and using their bodies no matter the risks of physical harm.

Surrogacy demands a woman split awareness of mind and body, as a surrogate is asked to view her body as an incubator and herself as simply a “babysitter” even though she is the one responsible for forming the very being of the child and for giving birth to the child, all while enduring the separation of the child her body naturally knows as being her child, a child who has also formed a bond with her, from her body. Surrogates are told that nutrients, including calcium from her very bones that are feeding the growing child, and that the cells that are swapped between mother and child and remain in the mother for decades, have absolutely nothing to do with her. The surrogate uses her entire being, both mental and physical, to create the child, and she is told the whole time that all of these factors have nothing to do with her because the baby does not have her genetics.

Surrogates cannot simply shut themselves off with escape mechanisms to numb the reality that their bodies are being rented, as they must distance themselves from a part of themselves while being required to care about a part of themselves.

How do children fare being separated from the only mother they have known their entire lives? Losing a parent is always traumatic for children, even at birth. Studies show that separation from their birth mothers is a major physiological stressor for infants. In addition, even brief maternal deprivation can [permanently alter the structure of the infant brain](#). Even adoptees, who have found their “forever family,” have long referred to a “[primal wound](#)” which hinders attachment, bonding, and psychological health. If we examine the [studies on the social and psychological effects of surrogacy](#), and listen to the stories of kids, it’s clear that surrogacy is not child-friendly. [As stated by adoption expert Nancy Verrier](#), “...the primal wound occurs when a postnatal separation from the biological mother imprints the infant with a sense of abandonment and loss. The nine month bond with the biological mother—her smell, feel, taste, and sound—are all gone. The loss of the child’s primordial loving, caring, and protective relationship can be indelibly imprinted on the unconscious mind as a traumatic injury.”

We promote marriage as the best foundation for stable family life, benefitting adults, children and wider society.

The current Holyrood parties regard the prevalence of family breakdown as beyond their influence and remit. They focus instead on “picking up the pieces” by supporting those adversely affected, particularly children. This is laudable, but the harms are often irremediable. Only the Scottish Family Party seeks to get to the heart of the matter and reduce family breakdown.

Schools should teach the facts about marriage and its rationale. The tax and benefits system should recognise and incentivise marriage and

ensure that it is never penalised. SFP MSPs would exercise cultural leadership by promoting marriage in the media, the debating chamber and through special events.

[Marriage](#) is the only relationship that unites the two persons to whom children have a natural right – their mothers and fathers. The components of marriage – permanence, monogamy, exclusivity – all distinctly benefit children. Children living in cohabiting households are more likely to see their parents separate, to live in poverty, to experience physical, sexual, and emotional abuse, and are more likely to use narcotics, suffer from depression, and drop out of school.

Children in households with unrelated adults, which often occurs after parental separation, are also [disadvantaged](#). Joseph Henrich of Harvard University [states](#), “Much empirical work in monogamous societies indicates that higher degrees of relatedness among household members are associated with lower rates of abuse, neglect and homicide. Living in the same household with genetically unrelated adults is the single biggest risk factor for abuse, neglect and homicide of children. Stepmothers are 2.4 times more likely to kill their stepchildren than birth mothers, and children living with an unrelated parent are between 15 and 77 times more likely to die ‘accidentally.’”

The philosophy of gender fluidity is dangerous to young people, leading to confusion and unhelpful experimentation. Parents should have a strong voice in determining how these issues are approached in schools. Indoctrination into the fashionable philosophy of gender is not appropriate and will lead more children down a difficult road that could seriously undermine their wellbeing for the rest of their lives.

Schools should not facilitate gender changes for children, such as using different pro-nouns or names. The current appalling practice of allowing children to change name and gender at school without parents being informed must stop.

Reinforcing gender stereotypes, an often frowned upon idea in our society, actually helps children to develop their own “sex identity” and understanding of “sex constancy.” This understanding of sex constancy helps children to know that “[the underlying essence of a thing isn’t dependent on its appearance](#).” Children have a harder time sorting out sex constancy when they are constantly bombarded with phrases like “assigned sex” and “gender identity.” As stated by Belinda Brown, “Yet how can children learn to identify boys and girls if there is no difference in their appearance or behaviour? How can children learn whether they are girls or boys if there is no distinction allowed between the two?”

An alarming number of children are [referred to gender identity clinics](#) and undergo “[social transitions](#).” Several decide to “retransition” before reaching the stage of puberty blocker prescriptions, and [it was found](#) that among those who choose to “retransition,” the age at which this occurs tends to be around 10-13, as identity becomes more stable during this time.

Children who continue this social transition to the point of being assigned puberty blockers with the goal of eventually receiving gender reassignment surgery can suffer life-long consequences if they choose to “retransition” in the future. [Children taking puberty blockers](#) were shown to have decreased bone density, causing stunted height and an increased risk of osteoporosis and fractures later in life. Puberty blockers have sterilizing effects on the reproductive system, and many are urged

to store their gametes before starting the medication. If children decide to stop the blockers, the majority of them do not resume puberty. Cross-sex hormones, the next step after puberty blockers, also contribute to sterility as well as carry an increased risk of cardiovascular disease, breast and uterus cancers, and mood swings and psychosis.

Those who undergo sexual transitions often have a history of [trauma](#), psychological or familial problems, or disabilities such as [autism spectrum disorder](#). These children need proper mental health treatment instead of harmful chemicals and surgeries.

The “harm reduction” approach to sex education is also harmful. Evidence-based sex and relationships education that includes the presentation of moral perspectives should be implemented instead. Young people need to be aware of the statistical correlations between multiple sexual partners, types of relationship, physical health, mental health, relational stability, marriage, cohabitation, various sexual practices, sex at a young age, sexual promiscuity and sexually transmitted diseases. Armed with the full range of relevant facts, young people will be better equipped to make decisions.

While sex education is aimed at decreasing teen pregnancies and STDs, there is little evidence showing the effectiveness of such programs. [In a review of 43 international Comprehensive Sex Education programs](#), it was found that none of the programs were successful in increasing consistent condom use, and one in five (one in four in Africa) of the programs showed harmful impacts such as increased sexual activity, increased number of partners, forced/paid sex, and increased STDs. In a review of 60 U.S. CSE programs, there was no evidence of effectiveness in reducing teen pregnancies or STDs, as there was no evidence of an increase in condom use. Failure rates at producing sustained efforts were

found to be 88% failure to delay teen sexual initiation, and 94% failure in decreasing unprotected sex. Seven out of 60 studies actually showed negative effects on teenage sexual health and risk behaviors, while it was found that out of 17 studies on Abstinence Education, seven programs were shown to be impactful in reducing sexual initiation and only one found a negative effect. This shows a promising amount of evidence for the effectiveness of Abstinence Education over Comprehensive Sex Education programs.

[Comprehensive Sex Education programs](#) also normalize and glamorize sex while desensitizing them to sexual things. They teach children to “consent” to performing sexual acts with other children, teach them that they have a “right” to sexual pleasure, normalize sexual acts with high infection rates such as anal and oral sex, fail to establish abstinence as the ideal, and undermine parental rights and beliefs while promoting contraception, abortion, and harmful resources to children.

In fact, [according to the CDC](#), the birth control pill has a 7 percent typical use failure rate, and male condoms have a 13 percent typical use failure rate. This means, of course, a young woman using these methods with her partners regularly is very likely to become pregnant eventually, and the percentage only increases each time she has sex. There are six to twelve pregnancies per one hundred women per year with the use of the birth control pill, and eighteen or more pregnancies per one hundred women per year with the use of male condoms. [In the UK](#), typical use of birth control pills has a 91% effectiveness rate, meaning, around 9 in 100 women will get pregnant per year.

How about we focus on the seriousness of sexual behavior, as opposed to continuing to promote a culture that emphasizes having sex for

pleasure at any time with whomever one wants, with no “unfixable” consequences.