Despite Media Claims, Condoms Don't Prevent STDs

If terrorists were caught attempting to manipulate the environment at America's colleges and universities so that 85 percent of all coeds would graduate infected with a life threatening virus, they would be vilified and prosecuted to the full extent of the law. Many media reports on a recent study about the effectiveness of condom use in deterring the spread of HPV have the potential to produce the same result. Irresponsible and/or ignorant journalism producing a false sense of security may be able to accomplish what the most sophisticated terrorist operation would be unable to pull off.

Human papilloma virus (HPV)—which can cause cervical cancer, genital warts and vaginal, vulvar, anal and penile cancers—is the most common sexually transmitted disease, infecting about 80 percent of young women within five years of becoming sexually active. One of the arguments for abstinence prior to marriage is that condoms have not been shown to be effective in protecting against HPV and other sexually transmitted diseases. A new study report, published in the June 22 edition of the *New England Journal of Medicine*, is titled "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women"{1}. This study was structured to provide better information on the impact of male condom use on the likelihood of women contracting HPV.

What new insights are gained from this study on the relationship of condom use and HPV? The most important result is that sexually active college women whose male partners used condoms 100 percent of the time (both with the women in the study and with other sexual partners) have roughly a 38 percent chance of contracting HPV within the first year of becoming sexually active.{2} If she has at least one different partner per year for four years, the probability that she will

leave college with an HPV infection is greater than 85 percent. The obvious conclusion of the study is that **condom use is not an effective means of preventing HPV**.

The study did find that sexually active college women whose male partners used condoms less than 100 percent of the time had a probability of contracting HPV within the first year of becoming sexually active ranging from 62 percent to virtually 100 percent depending upon the regularity of condom use by their male partners. Although the study does show that male condom use did reduce the probability of sexually active women contracting HPV, it did not reduce it to a level that any thinking person would consider safe. Based on the study results, it is reasonable to conclude that any woman who is sexually active with multiple partners during her college years will almost certainly contract HPV whether she ensures their partners use condoms or not.

One would expect the headlines for the media reports on this topic to read, "Condoms Shown to be Ineffective Against HPV." The body of the article would point out that these results vindicate the proponents' of abstinence emphasis in preventing the spread of sexually transmitted diseases. However, the exact opposite is being purported by the media. Here are some samples from the headlines:

• **Condoms Reduce HPV Risk After All, Without Increasing Likelihood of Sex**
(American Council on Science and Health)
• **Condoms Proven to Protect Against Virus**
(Associated Press, *Yuma Sun*)
• **Condoms Reduce Risk of Cervical Cancer, Survey Says**
(*Dallas Morning News*, June 22, 2006)

These headlines take a half truth and present it in a way that is designed to further a political agenda while endangering the health of America's youth and young adults. Even more dangerous is the first line of the Associated Press report,

“For the first time, scientists have proof that condoms offer women **impressive protection** against the virus that causes cervical cancer.” I do not consider an 85 percent chance of catching the virus in four years impressive. I would consider it dismal! The AP report then adds insult to injury by including this quote from an obscure expert:

> *That’s pretty awesome. There aren’t too many times when you can have an intervention that would offer **so much protection**, said Dr. Patricia Kloser, an infectious-disease specialist at the University of Medicine and Dentistry of New Jersey who was not a part of the study.*

The use of the words “impressive protection” and “so much protection” in conjunction with the results of this study borders on criminal. We need to hold our journalists to task for such biased (or, in the best case, shoddy) reporting. Even more important, we need to get out the real conclusion supported by the study: Abstinence or a completely monogamous relationship is the only effective protection against sexually transmitted diseases. As Christians, we would point to marriage as the only valid venue for a monogamous relationship, but that is outside the scope of the study.

To determine the number of coeds at risk, we need to consider how many are sexually active. In order to participate in this study, the college coeds had to have refrained from vaginal intercourse prior to the two weeks preceding the start of the study. In other words, the participants were virgins at the beginning of the study. Over the three year study period, 45 percent of those originally enrolled remained virgins. According to a report from the U.S. Center for Disease Control{3}, in 2002, 70 percent of never-married teens under the age of 18 had not engaged in sex. Taking the 55 percent from the study who started sexual activity in college with the 30 percent who were already sexually active, one would predict that 68.5 percent of college coeds would be sexually active.

This tracks well with the CDC data that 68 percent of never-married females have engaged in sex before they were 20. Thus, if coed sexual activity remains at the same level and 100 percent condom use is practiced, we can expect approximately 60 percent of college coeds to graduate with an HPV versus 68 percent with 50 percent condom usage. In contrast, if we could cut the number of sexually active coeds in half, the HPV infection rate among graduates could drop to 33 percent or less regardless of condom usage.

Notes

1. *New England Journal of Medicine*, Volume 354, June 22, 2006, Number 25, "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," Rachel L. Winer, Ph.D., James P. Hughes, Ph.D., Qinghua Feng, Ph.D., Sandra O'Reilly, B.S., Nancy B. Kiviat, M.D., King K. Holmes, M.D., Ph.D., and Laura A. Koutsky, Ph.D.
2. Study actually calculates rate per 100 hundred at risk years which is somewhat different than the probability of occurrence since some women reported multiple infections over the course of the study.
3. "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing," 2002, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, December 2004.

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Safe Sex and the Facts – A

Christian Perspective

Dr. Ray Bohlin provides a look at the many problems surrounding the idea of safe sex from a Christian, biblical worldview perspective as well as a scientific perspective. He provides a sound argument for supporting the Christian view of sex being reserved for the marriage relationship.

This article is also available in Spanish.

At age 16 John had sex with Andrea. Just one time. He enjoyed the experience but felt guilty and decided the risk of sexually transmitted diseases (STDs) and pregnancy were just too great. He did not have sex again until nine years later when he married Cindy, who was a virgin. Three months after their wedding Cindy began having painful symptoms. Unknowingly John, who had never had any symptoms of disease, had brought two STDs into his marriage. But John and Cindy were lucky; they both responded to treatment and are healthy today. Many others, however, are not so fortunate. Today STDs are at unprecedented and epidemic proportions. Thirty years of the sexual revolution is paying an ugly dividend, and those most at risk are teenagers. This is true partially because teenagers are more sexually active than ever before, but also because teenage girls are more susceptible to STDs than males or adult females.

While a few STDs can be transmitted apart from sex acts, all are transmissible by the exchange of bodily fluids during intimate sexual contact. I want to discuss the severity of the problem as well as what must be done if we are to save a majority of the next generation from the shame, infertility, and sometimes death, that may result from STDs.

If you are not aware of some of the following statistics, then prepare to fasten your seat belt because what I have to report is not pretty. The information I am about to share is from

data gathered by the Medical Institute for Sexual Health in Austin, Texas.(1) All of these statistics are readily available from reputable medical and scientific journals.

Today, there are approximately 25 STDs. A few can be fatal. Some are relatively harmless, but all are humiliating. Many women are living in fear of what their future may hold as a result of STD infection. It is estimated that 1 in 5 Americans between the ages of 15 and 55 are currently infected with one or more viral STDs, and 12 million Americans are newly infected each year. That’s nearly 5% of the entire population of the U.S.! Of these new infections, 63% involve people less than 25 years old.

This epidemic is a recent phenomenon. Some young people have parents who may have had multiple sexual part-ners with relative impunity and conclude that they too are safe from disease. However, most of these diseases were not around 20 to 30 years ago. Prior to 1960, there were only two prevalent sexually transmitted diseases: syphilis and gonorrhea. Both were easily treatable with antibiotics.

In the sixties and seventies this relatively stable situation began to change. For example, in 1976, chlamydia first appeared in increasing numbers in the U.S. Chlamydia, particularly dangerous to women, is now the most common bacterial STD in the country. In 1981, human immuno-deficiency virus (HIV), the virus which causes AIDS, was identified. By early 1993, between 1 and 2 million Americans were infected with HIV or AIDS, over 12 million were infected worldwide, and over 160,000 had died in the U.S. alone. Then herpes was added to the mix. This STD now infects 30 million people.

In 1985, human papilloma virus (HPV) began a dramatic increase. This virus can result in venereal warts and will often lead to deadly cancers.

By 1990, penicillin-resistant strains of gonorrhea were

present in all fifty states, and by 1992 syphilis was at a 40-year high. As of 1993, pelvic inflammatory disease (PID), which is almost always caused by gonorrhea or chlamydia, was affecting 1 million new women each year. This includes 16,000 to 20,000 teenagers. This infection can result in pelvic pain and infertility and is the leading cause of hospitalization for women between the ages of 15 and 55, apart from pregnancy.

Pelvic inflammatory disease can result in scarred fallopian tubes which block passage of a fertilized egg. The fertilized egg, therefore, cannot pass on to the uterus, and the growing embryo will cause the tube to rupture. From 1960 to 1990 there was a 400% increase in tubal pregnancies, most of which were caused by STDs. Making matters even worse is the fact that 80% of those infected with an STD don’t know it and will unwittingly infect their next sexual partner.

The Medical Facts of STDs

Syphilis is a terrible infection. In its first stage, the infected individual may be lulled into thinking there is little wrong since the small sore will disappear in 2 to 8 weeks. The second and third stages are progressively worse and can eventually lead to brain, heart, and blood vessel damage if not diagnosed and treated. The saddest part is that syphilis is 100% curable with penicillin, yet there is now more syphilis than in the late 1940s, and it is spreading rapidly.

Chlamydia, a disease which only became common in the mid-1980s, infects 20 to 40% of some sexually active groups including teenagers. In men, chlamydia can cause infertile sperm, a condition reversible with antibiotics. In women, however, the infection is devastating. An acute chlamydia infection in women will result in pain, fever, and damage to female organs. A silent infection can damage a woman’s fallopian tubes without her ever knowing it. A single episode of chlamydia PID can result in a 25% chance of infertility.

With a second infection, the chance of infertility rises to 50%. This is double the risk of gonorrhea.

Treatment with antibiotics is not always successful. One study reported that 18% showed a recurrence of infection within 3 weeks. As many as 14% of teenagers do not respond to treatment, and ultimately require a hysterectomy. It is an overwhelming burden for an 18- or 19-year- old girl to have to face the fact that she will never be able to bear a single child.

The human papilloma virus (HPV) is an extremely common STD. One study reported that at the University of California, Berkeley, 46% of the sexually active coeds were infected with HPV. Another study reported that 38% of the sexually active females between the ages of 13 and 21 were infected.

HPV is the major cause of venereal warts which are extremely difficult to treat and may require expensive procedures such as laser surgery. HPV can result in pre-cancer or cancer of the genitalia. By causing cancer of the cervix, this virus is presently killing more women in this country than AIDS, or over 4,600 women in 1991. HPV can also result in painful intercourse for years after infection even though other visible signs of disease have disappeared.

And of course there is the human immunodeficiency virus, or HIV, the virus that causes AIDS. The first few cases of AIDS were only discovered in 1981; now, in the U.S. alone, there are between 1 and 2 million infected with this disease. As far as we know, all of these people will die in the next ten to fifteen years. As of early 1993, approximately 160,000 had already died.

In 1991 a non-random study at the University of Texas at Austin showed that 1 in 100 students who had blood drawn for any reason at the university health center was HIV infected.

While the progress of the disease is slow for many people, all

who have it will be infected for the rest of their lives. There is no cure, and many research-ers are beginning to despair of ever coming up with a cure or even a vaccine (as was eventually done with polio). In 1992, 1 in 75 men was infected with HIV and 1 in 700 women. But the number of women with AIDS is growing. In the early years of the epidemic less than 2% of the AIDS cases were women. Now the percentage is 12%.

Teenagers Face Greater Risks from STDs

One of the statistics I have mentioned is that teenagers are particularly susceptible to STDs. This fact is alarming since more teens are sexually active today than ever before. An entire generation is at risk, and the saddest part about it is that most of them are unaware of the dangers they face. Teenagers must be given the correct information to help them realize that saving themselves sexually until marriage is the only sure way to stay healthy.

The medical reasons for teens' high susceptibility to STDs relates specifically to females. The cervix of a teen-age girl has a lining (ectropion) which produces mucus that is a great growth medium for viruses and bacteria. As a girl reaches her 20s or has a baby, this lining is replaced with a tougher, more resistant lining. Also during the first two years of menstruation, 50% of the periods occur without ovulation. This will produce a more liquid mucus which also grows bacteria and viruses very well. A 15-year-old girl has a 1-in-8 chance of developing pelvic inflammatory disease simply by having sex, whereas a 24-year-old woman has only a 1- in-80 chance in the same situation.

Teenagers do not always respond to antibiotic treatment for pelvic inflammatory disease, and occasionally such teenage girls require a hysterectomy. Infertility is an increasing problem in our society. It is estimated that one-fourth to one-third of all female infertility in marriage is a result of

STDs.

Teenagers are also more susceptible to human papilloma virus, HPV. Rates of HPV infection in teenagers can be as high as 40%, whereas in the adult population, the rate is less than 15%. Teenagers are also more likely to develop precancerous growths as a result of HPV infection than adults. These precancerous growths in teenagers are also more likely to develop into invasive cancer than in adults.

Apart from the increased risk from STDs in teens, teen-age pregnancy is also at unprecedented levels. In 1985 there were over 1 million teen-age pregnancies; 400,000 of these ended in abortion. Abortion is not a healthy procedure for anyone to undergo, but this is especially true for a teenager. Not getting pregnant to begin with is far better. Oral contraceptives are not as effective with teenagers, mainly because teens are more apt to forget to take the pill. Over a one-year period, as many as 9 to 18% of teenage girls using oral contraceptives become pregnant.

Finally, when teenagers start having sex earlier in life, they are much more likely to have multiple sexual partners, a behavior that puts them at greater risk for STD. When teenagers become sexually active before they are 18 years of age, 75% of them will have more than 2 partners and 45% of them will have 4 or more partners. If sexual activity begins after the 19th birthday, only 20% will have 2 or more partners and only 1% will have 4 or more partners. (These statistics were reported by the Centers for Disease Control after interviewing people in their 20s.)

Is Safe Sex Really the Answer?

I must now take a hard look at the message of safe sex which is being taught to teens at school and through the media.

Some people believe that if teens can be taught how to use

contraception and condoms effectively, rates of pregnancy and STD infection will be reduced dramatically. But common sense and statistics tell us otherwise. At Rutgers University, the rates of infection of students with STD varied little with the form of contraception used. For example, 35 to 44% of the sexually active students were infected with one or more STDs whether they used no contraceptive, oral contraceptive, the diaphragm, or condoms. It is significant to note that condoms, the hero of the safe sex message, provided virtually no protection from STDs.

Will condoms prevent HIV infection, the virus that causes AIDS? While it is better than nothing, the bottom line is that condoms cannot be trusted. A study from Florida looked at couples in which one partner was HIV positive and the other was negative. They used condoms as protection during intercourse. After 18 months, 17% of the previously uninfected partners were HIV positive. That is a one-in-six chance, the same as in Russian roulette.

Condoms do not even provide 100% protection for the purpose for which they were designed: prevention of pregnancy. One study from the School of Medicine Family Planning Clinic at the University of Pennsylvania reported that 25% of patients using condoms as birth control conceived over a one-year period. Other studies indicate that the rate of accidental pregnancy from condom-protected intercourse is around 15% with married couples and 36% for unmarried couples.

Condoms are inherently untrustworthy. The FDA allows as many as one in 250 to be defective. Condoms are often stored and shipped at unsafe temperatures which weakens the integrity of the latex rubber causing breaks and ruptures. Condoms will break 8% of the time and slip off 7% of the time. There are just so many pitfalls in condom use that you just can’t expect immature teenagers to use them properly. And even if they do, they are still at risk.

Studies are beginning to show that school-based sex education that includes condom use as the central message, does not work. A study in a major pediatric journal concluded that the available evidence indicates that there is little or no effect from school-based sex- education on sexual activity, contraception, or teenage pregnancy.(2) This study evaluated programs that emphasized condoms. In addition, programs that emphasize condoms tend to give a false sense of security to sexually active students and make those students who are not having sex feel abnormal.

The list of damages from unmarried adolescent sexual activity is long indeed. Apart from the threat to physical health and fertility, there is damage to family relationships, self-confidence and emotional health, spiritual health, and future economic opportunities due to unplanned pregnancy. Condom-based sex- education does not work.

Saving Sex for Marriage is the Common Sense Solution.

The epidemic of sexually transmitted diseases is running rampant in this country and around the world. Diseases such as chlamydia, human papilloma virus, herpes, hepatitis B, trichomonas, pelvic inflammatory disease, and AIDS have joined syphilis and gonorrhea in just the last 30 years. There is no question that the fruits of the sexual revolution have been devastating. I have also shown how our teen-agers are at a greater risk for sexually transmitted diseases than are adults and that sex-education based on condom use is ineffective and misleading. There is only one message that offers health, hope, and joy to today’s teenagers. We need to teach single people to save intercourse for marriage.

Sex is a wonderful gift, but if uncontrolled, it has a great capacity for evil as well as good. Our bodies were not made to have multiple sex partners. Almost all risk of STD and out-of-

wedlock pregnancy can be avoided by saving intercourse for marriage. And it can be done.

Statistics show clearly that in schools that teach a sex education program that emphasizes saving intercourse for marriage, the teen pregnancy rate drops dramatically in as little as one year. In San Marcos, California, a high school used a federally funded program ("Teen Aid") which emphasizes saving intercourse until marriage. Before using the program there were 147 pregnancies out of 600 girls. Within two years, the number of pregnancies plummeted to 20 out of 600 girls.(3) As of 1992, San Marcos was still using this program and was still satisfied with it. In Jessup Georgia, upon instituting the "Sex Respect" program, the number of pregnancies out of 340 female students dropped from 17 to 13 to 11 to 3 in successive years.

Delaying intercourse until teens are older is not a naive proposal. Over 50% of the females and 40% of the males between 15 and 19 have not had intercourse. They are living proof that teens can control their sexual desires. Of those who had at least one sexual experience, 20% had sex in the past but were not currently sexually active. Therefore, a minority of students are sexually active.

Condom-based sex-education programs basically teach teen-agers that they cannot control their sexual desires, and that they must use condoms to protect themselves. It is not a big leap from people being unable to control their sexual desires to being unable to control their hate, greed, anger, and prejudice. This is not the right message for our teenagers!

Teenagers are willing to discipline themselves for things they want and desire and are convinced are beneficial. Girls get up early for drill team practice. Boys train in the off-season with weights to get stronger for athletic competition. Our teens can be disciplined in their sexual lives if they have the right information to make logical choices.

Saving sex for marriage is the common sense solution. In fact, it is the only solution. We don’t hesitate to tell our kids not to use drugs or marijuana, and most do not. We tell our kids it’s unhealthy to smoke, and most do not.

It is normal and healthy not to have sex until marriage. STDs are so common that it is not an exaggeration to say that most people who regularly have sex outside of marriage will contract a sexually transmitted disease. Our sexuality should blossom within the confines of a mutually faithful monogamous relationship. We need to reeducate our kids not just in what is healthy, but in what is right.

Notes

1. Medical Institute for Sexual Health, P.O. Box 4919, Austin, TX 78765.

2. I.W. Stout, et al., *Pediatrics*, 1989, 83:376-79.

3. Joe S. McIlhaney, Jr., Safe Sex (Grand Rapids, Mich.: Baker Book House, 1991), p. 86.

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