

## Sexual Health in the 'Hood

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**Omaha, NE October 11, 2001** -- I ventured from Massachusetts to Omaha for the 9<sup>th</sup> Nebraska Minority Health Conference held October 9 and 10, entitled "Meeting Health Challenges of Emerging Populations of Color." The conference emphasized the goal of eliminating health disparities between 'the majority' and ethnic minorities, who were defined as African Americans, Native Americans, Hispanics, and numerous immigrant populations. Data were related by dozens of presenters on the differential health status of these populations on a variety of fronts: access to care, less frequent high-tech interventions, higher rates of death and complications.

Nowhere are health disparities more evident than in my area of interest -- sexual health. The Centers for Disease Control and Prevention (CDC) reports an estimated 65 million Americans have an incurable sexually transmitted disease (STD).<sup>1</sup> The same report says the highest rates of infection are among ethnic minorities.

Nebraska Combined STD rates per 100,000 <sup>2</sup>	Native Amer	Black	White	Hispanic
Year 2000 <b>both sexes</b>	1057	3516	228	702
Year 2000 -- <b>female</b>	1770	4278	353	983
Year 2000 -- <b>male</b>	312	2412	99	433

The Nebraska data shows the same trend observed nationally. Minorities suffer from (STDs) out of proportion to their numbers. Despite some technical features that make it likely that these statistics are slightly exaggerated, there is little doubt that the trend is an accurate reflection of disproportionate disease burden.

More than most diseases, STDs are primarily a consequence of behavior. Unlike heart disease, diabetes, and cancers where a behavioral component is recognized, behavior is the controlling factor for STD acquisition. Some try to blame poverty and health access. Each plays a role but behavior trumps them all.

Public health efforts to abate the epidemic have been ineffective. It is not hard to find the reason. Rather than promoting behavior change, the trend has been to first call on technology. Crude latex coverings are the best technology they have come up with so far.

Condom distribution starts off as being second best (and worsens from there) because it is secondary prevention. We deserve the best -- primary prevention. Secondary prevention teaches that if one chooses not to avoid the behavior that causes the problem, at least avoid the consequences. Condoms, birth control pills, and 'the shot' are all secondary prevention.

Condoms have long been promoted as the answer to the STD epidemic. The abject failure of this methodology demands that it be 'kicked to the curb.' At least three items bear witness to this failure. First, history proves it is inadequate. The advent of the condom culture not only failed to stem the epidemic but also worsened it.

Second, there is natural resistance to using latex. If sex is an expression of intimacy, the intentional imposition of a barrier (condom) goes against the grain. Even in the most intensive condom education settings, condom use hovers between 55 and 75 percent. This statistic is based on self-report of condom use

<sup>1</sup> Centers for Disease Control and Prevention (CDC) report available online in Acrobat Reader format at: [http://www.cdc.gov/nchstp/dstd/Stats\\_Trends/Trends2000.pdf](http://www.cdc.gov/nchstp/dstd/Stats_Trends/Trends2000.pdf)

<sup>2</sup> Combines data on herpes, early syphilis, gonorrhea, chlamydia from the Nebraska Department of Health

at last intercourse and does not reflect condom use at every act of intercourse. In either case, the percentage is not high enough to quell the epidemic. Furthermore, youth participate in other disease-spreading activities that many of them define as 'not really sex.' Condoms are not welcomed there.

Third, the National Institute of Health convened a panel that reviewed more than a decade of studies evaluating condom effectiveness in preventing the spread of eight diseases. The conclusions are sobering. There is no convincing scientific evidence that condoms stop 6.5 of the 8 diseases evaluated. The only proven effects were an estimated 85 percent reduction in HIV; and some protection for men against gonorrhea but not women.<sup>3</sup>

This approach has not worked and will never work. It has not worked for 'the majority'; its failure to aid ethnic minorities equally complete. The best preventive medicine approach is primary prevention – avoid the risky activity all together.

What does this mean? No sex? The risk is not sex. It is not even teenage sex. The problem is unmarried sex. It means we need to teach that sexual intercourse should be squarely placed within marriage.

Unmarried sex leads to:

1. promiscuity: almost all sexually active unmarried persons have sex with a variety of people
2. abortion: desperate single women often take this tragic step, not understanding until too late that while the baby has died, the problem has not gone away.
3. unstable family life: husband and wife create stability which is absent in serial monogamy and single parent homes
4. displacement of men: if men do not demonstrate full commitment to their offspring and to their girlfriends (by marriage), they tend towards irresponsibility in all areas of life.
5. exposure of women and children to high risks: women and children without men are statistically more likely to suffer a whole series of ravages.

Nearly 70 percent of Nebraska's black babies are born to unmarried mothers. Statistics are less severe but similar for other ethnic minorities in Nebraska.

Sexual libertinism impairs sexual health and other seemingly unrelated aspects of life. General health, social status, economic status, and degree of misery are all affected. Health effects clearly include HIV, Herpes, infertility, cervical cancer, Hepatitis B, and Hepatitis C. Sex infections may play a role in prostate cancer and even heart disease.

Social pathology is often related to sex. One experienced prison minister remarked, "Most of the men I see are in jail for one of two reasons: drugs or sex." Violence, rape, or permanent state of being unmarried are common consequences. This does not imply that everybody needs to be married, but it does mean that serious alterations in the nature of aging occur when we all grow old as single people never having had an intact nuclear family. Domestic violence and child sexual and physical abuse are much more common among unmarried couples. Womanhood is devalued and disrespected by men who threaten to walk down the street to find another set of willing arms. Men are disenfranchised when they remain stuck as only 'my baby's daddy' and never really take on the mantel of fatherhood and its attendant privileges, responsibilities, and sacrifices.

The economic impact is staggering in its enormity. Children of unmarried parents are much more likely to grow up in poverty. Each of the biological parents struggles independently to establish a household – something they should be doing together. Resources (time, energy, money) are not pooled towards a common goal. Skills are not passed on to progeny by the absentee parent. Money is dissipated by selfish desires rather than channeled towards family orientation and focus. Willingness to sacrifice for the family diminishes when one feels marginalized in the family structure.

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<sup>3</sup> Available online in Acrobat Reader format at [www.niaid.nih.gov/dmid/stds/condomreport.pdf](http://www.niaid.nih.gov/dmid/stds/condomreport.pdf)

Yet another immeasurable impact is the misery index. Of course, not all single people are miserable. Nevertheless, all social science data shows that married people live longer, are healthier, are happier, have more money and even have better sex lives than their single counterparts.<sup>4</sup> What do miserable people do? They usually try to escape their misery through excesses of entertainment, sex, drugs, alcohol, and risky activity (gambling, gangs, etc.). Anger and frustration are frequently misdirected. Perceived slights are avenged because there is no consideration for the impact of one's actions on the family. The focus is self. Narcissism, once a character flaw, is elevated to a positive character trait. The rest of society suffers the consequences. Grandparents have to step in and act as parents again. Law enforcement suffers no recession or unemployment. Incarceration becomes a way of life. Costly social services are called in to make up for family deficits. The sex-drug exchange destroys any perceived benefit from needle exchange in curbing disease. Neighborhoods become patchworks of refugee camps with decent folks trying to make it among the riff-raff.

But who are the riff-raff? They are we, they are our children. In the end, unrestrained sex does more damage to the health status of minorities than any disease you can name.

For sure, the solution is more than just sexual continence but the solution must pass through sexual continence. It must become the cultural norm that sex belongs inside marriage. Marriage alone is not some magic cure but disrespect for marriage is guaranteed disaster.

Nebraska's immigrants may be able to teach us something about this. At the conference, Dr. Mary Willis described how immigrants from Sudan had new health techniques to learn – "protected" intercourse. In their culture, sex doesn't start until marriage. Therefore, STDs which don't occur when virgins marry each other, were not an issue. Clearly, sexual self-control is an attainable goal when it is a cultural value. Learn from the Sudanese now. It will be too late when they become completely Americanized, take on our ways and take on our diseases.

And, it won't be easy. It is always easier to tear something down than build it up. Jesus said he would tear down the temple and rebuild it in three days. Even though the listeners mistakenly believed he spoke of the magnificent building that stood before them, they marveled not because he said he could tear the building down in three days but because he said he could rebuild it in three days.<sup>5</sup>

Rebuilding our families will require diligence and time. We must first recognize that the problem is not somewhere outside. The culture must change. Certainly, government has a role to play but the moral wherewithal to change must happen person-to-person, family-to-family. There is no time like the present to begin. Do it for the children.

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<sup>4</sup> Waite LJ, Gallagher M. *The Case for Marriage*. (New York: Doubleday, 2000)

<sup>5</sup> The Holy Bible, Gospel of John, chapter 2, verse 19.