

## Evidence not withstanding - A critical analysis of current sexual health strategies

Tommy Cooper was one of the most talented comics of recent times, and he often told the joke of the man who goes to his doctor and says, "Doctor, when I put my arm up in the air like this it hurts", and the doctor replies "well, don't do it then!" It was, evidently, the way he told them.

These days research scientists, politicians, sociologists and significant others would defend an individual's right to carry on putting their arm up in the air. They would spend a lot of time and even more money trying to find a pill that would enable the man to carry on with this behaviour without suffering any consequences.

More than ever before in our Culture of Rights, the autonomous self demands that all behaviour be tolerated, that all choices are of equal value and that society or the state should pick up the pieces and pay for the consequences.

And there is no more conspicuous an example of society's confusion of licence with freedom than in sexual health. Barely a week goes by when we don't hear another disaster story or statistic on sexual health, which the British Medical Association has labelled a 'crisis'. The Health Protection Agency's figures show that 6,400 people were newly diagnosed with HIV last year, compared to 1,850 the year before [although the prevalence is still very low in the UK]. However over the past 5 years Sexually Transmitted Infections [STI's] such as gonorrhoea and chlamydia are up by 75% while syphilis is up 374%.

And what is the Government's response? To throw more money at it - another £15m was announced two weeks ago to help cut what the BMA chairman calls the 'scandal' of people having to wait too long for treatment.

The Guardian produced a booklet a couple of weeks ago entitled 'HIV/Aids - Are we doing enough' [sponsored by Marie Stopes International, who 'provide choice in reproductive healthcare', i.e. abortion & condoms, as that is what makes them money]. Although the booklet rightly highlighted the excellent progress that has been made in Uganda [more on that in a moment], it perpetrated two myths which currently undermine the whole issue. Firstly the gist of the whole booklet was that more money is the cure [paying for condoms and antiretrovirals] and secondly that 'condoms of course prevent both pregnancy and HIV transmission'.

The experience of Uganda shows that money is not the answer. Once he realised the destructive potential of Aids President Museveni and his wife used their position to personally fight the pandemic, driving around to villages and talking about the ABC message: 'Abstain from sex; Be faithful to one partner, and if you cannot, use a Condom'. Head teachers in schools give compulsory talks once a month and a clear communication programme has been maintained by all sectors of society from NGO's to prominent cultural figures and faith-based groups. The results have been that the prevalence of HIV/AIDS is down from 15% to 6% in 12 years and casual sex declined by 65% in 6 years with adults citing the most important factors being faithful relationships and abstinence. And all this for \$21m over 5 years.

As a contraceptive, condom failure rate is down to both method failure [e.g. latex weakness] at 3% and user failure [e.g. incorrect use] at 14% so at least one in seven condom users become pregnant every year. As far as STI's are concerned, condoms offer substantial protection against HIV if used consistently and correctly. The USA department of Health and Human Services report concludes that consistent condom use is 85% effective in reducing the risk of HIV transmission. However for other STI's, HPV [the most common and which can cause cervical and anal cancers], chlamydia [the most common bacterial STI which causes infertility] and Herpes Simplex Virus [which causes painful blisters and is incurable] there is no proven protection from condom use.

Suggestions of personal behaviour change in this country so far has patients and libertarians on the floor beating their fists in outrage or in a feint at the infringement of choice and freedom. "Frank Sinatra said

he'd do it his way, so I am too" they all declare! The experience of schools in East Sussex last year bears this out. Head teachers who hired a youth theatre company to encourage sexual abstinence were told by the local authority not to repeat the invitation as it was 'unsuitable' for pupils. This is actually in line with the opinion of the Labour's Teenage Pregnancy Unit and the Sex Education Forum [part of the National Children's Bureau] who's report 'Just say no - to abstinence education' says it all.

As highlighted in the Shadow Health Team's consultation document on Public Health produced in August this year, the Health Select Committee Report on Sexual Health produced in June was damning, criticising the Sexual Health Strategy for focusing 'almost exclusively on the commissioning of services to detect and treat sexual health problems rather than to promote sexual health and prevent problems arising in the first place'.

Furthermore, the essential behavioural changes needed can be argued for entirely on the basis of medical evidence without anyone having to worry about agreeing on morality. Of course we know that emotionally, spiritually and mentally people will be better off too and the best school educational projects in the UK being used now are variations on Uganda's ABC theme. However they are not getting any government or Public Health support.

I would hope that future Conservative sexual health strategies will be evidence based and confident in addressing all issues of self-esteem, abstinence, parent-child communication, relational rather than recreational sex and the consequences of sexual activity. Otherwise we will continue Labour's charter for irresponsible, damaging behaviour that reduces not enhances the individuals potential for happiness.

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