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WOMEN'S HEALTH

Virginity and celibacy as health issues

Mary E. Guinan, MD, PhD

Sexual behavior is both a health issue and a moral issue. Hence public education on sexuality has traditionally come from two main sources, those individuals or groups concerned with health and those concerned with morals. In his book *No Magic Bullet* (Oxford University Press, 1985), Allan Brandt describes the tensions that developed between these groups over the control of sexually transmitted diseases in the United States early in this century. Both groups wanted to control sexual behavior, but for different reasons. Public health personnel wanted to change sexual behavior in order to control infection and disease, while moralists believed that sexual activity outside of marriage was fundamentally wrong or immoral and could not be condoned.

In many situations the moral and health messages were the same. For example, virginity and celibacy among the unmarried were advocated by both groups. But disagreement arose when public health officials advocated teaching the public how to reduce the transmission of sexually transmitted diseases while continuing to engage in nonmarital sexual activity. The moralists believed that giving information on reducing the risk of disease was tantamount to encouraging immoral sexual behavior.

The issue that bitterly divided the reformers of the social hygiene movement and United States Army medical workers during and after World War I was chemical prophylaxis. The Army set up prophylaxis stations for male soldiers exposed to venereal disease. Prophylaxis involved washing the genitals and treating the urethra with disinfectants to prevent development of infection. The reformers believed that chemical prophylaxis encouraged illicit sexual

contact and would increase the rate of sexually transmitted diseases because it was not 100% effective. If chemical prophylaxis worked, then it permitted the soldiers to indulge in illicit sexual acts without fear of "punishment." Fear of sexually transmitted diseases was considered

indulge in high-risk sexual behavior even after being educated on the risks. The essential questions are: if we teach safer sex practices to this group, are we promoting immorality? Or alternatively, are we negligent if we do not inform them of all possible ways of reducing as well as

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a strong deterrent to engaging in sexual intercourse outside of marriage. Therefore, the reformers argued that Army health workers who promoted chemical prophylaxis (such as "pro kits" for self-administration by soldiers) promoted promiscuity.

This is essentially the same controversy now swirling around the promotion of condoms to reduce the risk of AIDS. Health workers who favor instructing the public on condom use for reducing risks of sexually transmitted diseases argue that these measures are directed at those who continue to indulge in high-risk sexual behavior (ie, those who have rejected the message that this behavior is either immoral or unhealthy). We must acknowledge that some portion of the population will continue to

preventing a fatal infection? These issues sharply polarize many groups currently engaged in educating the public on AIDS.

As a public health worker, I would like to emphasize those practices on which general agreement exists. For the unmarried, virginity is healthy and celibacy (or so-called secondary virginity) is also healthy. Both will prevent the acquisition and spread of sexually transmitted diseases, including AIDS. That virginity and celibacy are considered morally correct by many religious and social groups does not negate their healthiness. In this era of an epidemic sexually transmitted disease that is also fatal, the health benefits of abstention from sexual intercourse for the unmarried cannot be overemphasized.

EDITOR'S PAGE, continued

ty prevalent among consumers and some members of the bar must not be allowed to prevail. The public must be made aware that the large awards made to those suffering from vaccine related complications nearly resulted in the withdrawal of the diphtheria-pertussis-tetanus vaccine from the market. "Justice" for the few afflicted almost had dire conse-

quences for the many who would have been left unprotected. Clearly, physicians and medical product manufacturers share a commitment to patient safety and a wish to ensure fair compensation for an injured patient. However, these goals must be accomplished without threatening the viability of any of the involved parties.