

SEXUALLY TRANSMITTED INFECTIONS

By David Phillips

Whilst the Bible does not allow us to make a one to one connection between suffering and sin it is a self-evident fact that when we break God's law things often go wrong. This is clear in many areas, but not least in relation to sexually transmitted infections. The cold fact is that if people abided by the commands of God and confined sexual activity to marriage then most cases of sexually transmitted infections would eventually die out.

There were reports again recently that clinics in the UK are struggling to cope with the number of cases being reported to them. The rise from 2005 to 2006 was 2%, which is not large in itself, but it does seem to be repeated year after year. Telling people of the need to keep the commands of God is not going to eradicate such infections in our day any more than it did in the past, but it would certainly help if this were a serious part of the witness of the Church and of national government policy.

In 2006 there were 376,508 new diagnoses in the UK of sexually transmitted infections. But, these are just the new ones, overall the clinics had to cope with 1.8 million visits.

HIV cases make up a surprisingly small number of these diagnoses, under 7,000. In the past HIV in this country has been primarily transmitted by homosexual intercourse between men. This continues to rise and it is now reckoned that around one in every 8 homosexually active men are infected with HIV in the UK, with similar proportions throughout Europe. Moreover, the advocates of so-called 'safe sex' (using condoms) are frustrated because apparently these men are increasingly ignorant of the dangers, or prefer to take the risk. The average homosexually active man has a significantly shorter life expectancy than others.

In 2006 for the first time the primary cause of new HIV cases was heterosexual sexual intercourse. This has gradually been increasing and the main reason is apparently that people are contracting HIV in other countries, particularly in Africa. One third of all the new HIV cases reported in 2006 in the UK were apparently contracted by people whilst in Africa. Inevitably the greatest incidence is therefore amongst those with roots in Africa. Therefore we are seeing in a very small way the spreading of the dreadful problems faced in most African countries.

In the UK last year there were 488 deaths from HIV/AIDS, but in sub-Saharan Africa it was reckoned to be 2.1 million out of global total of 2.9 million. In Zimbabwe one in five adults are thought to be infected with HIV and average life expectancy of women at birth is now 34 years. These are staggering statistics. Clearly poverty and lack of health care are contributing factors and inevitably more and more children are now being born with HIV and much can and ought to be done to help where it is possible. But nevertheless unless people are willing to see that it is sexual promiscuity that is driving the spread of the disease, and address this, then other action is going to be ineffective.

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