

SAVING SEX for sexual health

Anisa Nasir argues for doctors to suggest abstinence as a solution to unwanted pregnancies and sexually transmitted infections

Sexual health is the topic of our times. It is a subject of amusement, fear, embarrassment, and complexity. From diagnosing the common sexually transmitted infections that blight fertility to the global epidemic of AIDS; from the young age of first sexual encounter to the near total disappearance of lifelong monogamy; and from the increasingly accepted practice of safe abortion to the high rate of teenage pregnancy: not a month goes by when sexual health is not widespread in the popular and medical media.

The West is a sexualised society—our literature thrives on sex, as does our comedy, art, music, film, and fashion—covering audiences from children to grandparents. Sadly, it is not sexual health in the spotlight, but sexual ill health. This article explores some problems in sexual health and presents a rarely considered potential solution—abstinence.

Imperfect prevention

At first glance, contraception and barrier protection seem perfect counters to all the problems of sexual ill health. But their difficulties are manifold. Firstly, it is necessary to have access to them, which is difficult in less poorer countries, where cost is a big factor. Where does the money come from to pay for and distribute the product and to educate the user? Secondly, it is necessary to ensure its successful use.

Success depends on two outcomes: the prevention of unwanted pregnancy and the prevention of sexually transmitted diseases. The combined oral contraceptive pill has high success rates in preventing pregnancy—just 8

per 10000 sexually active women will become pregnant in a year.¹ But this is only if it is taken at the right time for 21 days each month in the absence of certain other drugs, and diarrhoea and vomiting can influence effectiveness. Of course the oral contraceptive pill affords no protection against sexually transmitted diseases. For this we need to think about barrier protection, which, again, if used correctly allows 88 out of 100 to be sexually active for a year without becoming pregnant,² while also obviously providing some protection against infection.

Condoms also place reliance on one partner to have one to hand, and it can be awkward if nobody has one. How many couples in the middle of an intimate moment will stop to think “we’d better not,” particularly if it is a first encounter. And first encounters might be the most risky from the point of view of knowing comparatively little about each other’s sexual history. As the National Health Service’s awareness campaign pointed out, there is no “gonorrhoea” embroidered at the top of her underwear or “chlamydia” tattooed around his navel. Not all sexual encounters begin with a haphazard culmination of a night out, though. But even if the first sexual experience of two consenting adults comes after months, you still have a whole sexual history to trawl through.

Emotional vulnerability

Contraception and barrier protection can be considered positive because they prevent unwanted pregnancies, and therefore abortions and transmission of disease. But what about the emotional aspects of sexual health?

A sexual relationship involves a high level of intimacy between people. It is a defining line between “something else” and family relationships or friendships. Allowing another person into your sexual space involves vulnerability. Social, physical, and emotional shields are lowered, and by the nature of arousal and orgasm at least some self control is lost in front of the other person.

The cynic may raise an eyebrow at this description of what has become a casual activity. However, no matter how society has reduced sex to merely “just another thing we do” it retains its power to seduce, intrigue, confuse, and overwhelm. When a sexual relationship is over, it is almost universal that the people involved feel that they have given something to each other—be it purely on a physical or emotional level. This is perfectly normal because a sexual union is bonding and can cement relationships because you’ve shared an intimate experience with another person.

Looking at sexual health from this angle you can begin to appreciate the potential negative nature of flippant sexual relationships. Imagine the gravity of emotion that would be felt if temporarily close relationships were to begin and end repeatedly with parents, siblings, or close friends—the sense of loss would be substantial.

To improve sexual health

In the United Kingdom what almost never, in the author’s experience in five years of medical training and exposure to medical media, seems to be suggested is the concept of abstinence. Abstinence from sexual intimacy has become a laughable concept

