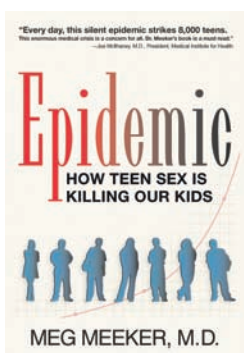


RISKY BUSINESS

Teenagers caught up in a tidal wave of sexually transmitted diseases need help confronting this urgent problem. Dr. Margaret Meeker, pediatrician, parent and author, offers advice to parents and teens.

COLUMBIA STAFF REPORT

Dr. Margaret J. Meeker has spent the past 20 years practicing pediatric medicine and counseling parents and teenagers on teen health issues. In 2002 she published *Epidemic: How Teen Sex Is Killing Our Kids* (Lifeline Press, Regnery Publishing, www.regnery.com, \$24.95). In it,



Dr. Meeker argued that TV, movies and the popular culture have created a "false sexual world" that has led to an upsurge in sexually transmitted diseases among teenagers and an overemphasis on birth control over abstinence. Dr. Meeker has just produced a companion video, *The Rules Have Changed*, and is collaborating with Life Athletes on its programs of virtues training and abstinence.

Dr. Meeker spoke with *Columbia* from her office in Traverse City, Mich., where she shares a medical practice with her husband, Walter. They have four children, three of whom are teenagers.

Columbia: You are traveling the U.S. warning parents of an epidemic of sexually transmitted diseases that threatens their children. What exactly is this threat?

Meeker: There are more than 25 diseases that are spreading rapidly due to sexual activity. They are so widespread that the U.S. Centers for Disease Control and Prevention (CDC) described it as an epidemic. Many of these diseases are incur-

able, and often sterilize their victims, while others lead to cancer and even death. The most notable of these is the HIV virus that leads to AIDS.

How widespread are these diseases?

They are very widespread. Studies show that one in four sexually active young persons between the ages of 17-25 is infected. A recent study suggests this number to be as many as two in four. This is equivalent to a stadium-full of kids becoming infected each day. Think about this. The CDC's current data show that each year 3 to 4 million teens become infected. Considering that there are about 32 million teens in the U.S., simple math reveals that approximately 10,000 kids a day acquire a new sexually transmitted infection!

How can this be when condoms are widely distributed by public agencies?

Putting spiritual issues aside for a moment, condoms do not protect as advertised. In 2001, the U.S. National Institutes of Health reviewed the best medical literature available on how well condoms "work." Their results were not widely publicized but are astonishing. They found that for infections like HIV, condoms may reduce the risk of getting an infection if they are used 100 percent of the time and used correctly 100 percent of the time. However, for infections like herpes and HPV (human papilloma virus), which are transmitted from skin to skin, condoms fare extremely poorly.

In June 2004, Dr. Julie Gerberding, head of the CDC, issued a report to Congress stating that condoms simply don't adequately protect kids against HPV, the cause of cervical cancer in young women. Moreover condoms cannot protect

other parts of the body, which are vulnerable too. Many of these same diseases are found on the legs, abdomen and mouth. The medical evidence is clear: Condoms simply do not work well enough for our kids.

If condoms don't work well enough, why offer them at all?

That's a good question. Perhaps we are trying to have it both ways. But it has become nearly impossible to lead a promiscuous lifestyle, while maintaining good physical health at the same time. Condoms are an attempt to do this, but are simply not working. How do we know this? Because for the past 20 years, school sex education programs, or "safe sex" programs, have worked aggressively at trying to convince sexually active teens to use condoms.

The result? During these efforts, sexually transmitted infections among youth have risen. Nevertheless, advocating condom use makes adults feel like they are doing something about the problem, when in fact we may be making it worse.

How could condoms make the problem worse?

Promoting condom use can make the problem worse for teens in several different ways. First, teens, who already feel that they are invincible, believe that condoms are a panacea. They errantly believe that if they use a condom, nothing bad



Dr. Margaret Meeker

will happen to them. Second, promoting condom use to kids promotes a risky lifestyle. Think about it for a moment. If I offer condoms to a young person, I am in effect giving them permission to be sexually active, am I not?

Today, teens feel that they have no choice but to be sexually active. Media campaigns have successfully convinced our youth that they are missing out on the “good life” if they are not sexually active. Teaching teens how to use condoms simply reinforces this point.

In teaching kids how to use condoms, teachers communicate the message that they do not believe that they (teens) can live a moral life. We cannot underestimate the power in this message. Young people respond to the expectations their parents and others have for them; so we must continually and consistently communicate positive, morality-affirming messages to our youth

But what if a person is already sexually active. Isn't it better if they have some protection?

On face value, such a proposal seems reasonable, but practically speaking that logic unravels. The risk of infection is directly proportionate to the number of sexual partners a person has. Period. This is as true for teens as it is for adults. So, while it may initially seem that one is safer if he uses condoms while continuing a sexually active lifestyle, the more important question is how many partners does he have? Research shows us that the higher the number of partners, the less condoms are used. Furthermore, the more partners one has, the more infections he has (and this is regardless of condom use). Again, the real problem is multiple partners, not condom use. Consider that perhaps a condom may protect against HIV infection with one episode of intercourse. Even with the one condom use, there may be a manufacturing flaw (the FDA allows up to 3 percent of condoms to have flaws). Or, the condom could be put on wrong (this is not uncommon) or it may slip. So, there still exists risks, even for HIV, which condoms work “best” against. Now multiply

that one episode by hundreds and we can see that the risk becomes markedly greater over time and use. Thus, any protection a condom can give is offset by use over time.

Second, we know that at least as far as kids are concerned, telling a sexually active teen to simply use a condom, but not alter the amount of his sexual activity, doesn't work. For any teen, the longer he is sexually active, the more partners he has, the less likely he is to use a condom. Why? We're not exactly sure, but I personally believe that he stops using condoms because he eventually fails to care whether or not he gets an infection (some form of depression sets in) and also because cognitively, he still doesn't believe that he can get an infection.

No condom can protect a teenager's heart and soul.

Third, we now know that even if a sexually active person uses a condom all the time, he can still become infected with viruses such as HPV and herpes. I believe that it is in fact immoral to allow anyone to believe that he is protected from infections by using a condom, when, in fact, the scientific data now show otherwise. The bottom line is that when kids are led to believe that using a condom will keep them “safe,” they feel that there are no limits to what type of sex they can have, how many partners they have, etc. The safer they feel, the riskier they behave. When it comes to sexual activity, with or without a condom, sex is simply too risky for our kids.

Finally, we have not begun to regard the emotional and psychological fallout of sexual activity with multiple partners. It is indeed severe, particularly for teenagers who have not fully developed their sexuality. And no condom can protect their heart and their soul, or ensure sound psychological development.

What is the saddest case you have dealt with in your practice regarding STDs?

That is a difficult question because it is so hard to see any young person suffer in this way, spiritually, emotionally or physically. But per-

haps the hardest cases are the ones whose consequences last the longest. Several years ago I treated a healthy newborn girl who started seizing on the second day of life because herpes had infected her brain. The scary part was that her mother didn't know she had herpes (she never had a sore). Her husband said that he got it from a girlfriend when he was 17. Today, the couple is still married, have another child, but the baby is having difficulty walking and talking.

It is also heartbreaking to see a young woman of 16 become sterile from surgery because she has cervical cancer. The only treatment for cervical cancer is removal of all or part of the cervix. It impacts not only her and her husband but also

the prospective grandparents and extended family as well. It deprives them all of life's richest blessings.

How is it possible that these diseases are so widespread?

It is due to shared partners. Every time a person has sex with someone, it is like having sex with every person which that partner has ever had. This is an astounding concept, but it is true. Most young people do not think it can happen to them, and combined with the amount of sexual stimulation they receive through the popular media, it is not surprising that the number of infected youth is so high.

How are you trying to help?

My medical practice is the basis of my response, but I am also trying to alert others to avoid becoming infected in the first place. I guess you would say prevention is the best medicine. Hence I have helped create a video entitled *The Rules Have Changed* and written a book entitled *Epidemic: Raising Great Teens in a Toxic Sexual Culture*.

More recently, I have started collaborating with Chris Godfrey and Life Athletes. They are doing great work with young people, and helping them make informed choices in their relationships. (*Editor's Note: The February issue will include an article about Life Athletes' initiatives.*) ■