Paper Title: Conservative religious ideology, U.S. policy on reproductive services and the impact on women's health.

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Abstract:
The HIV/AIDS epidemic and maternal mortality in developing countries present new challenges to religious institutions who oppose artificial contraceptive methods on moral grounds. As this moral agenda is increasingly influencing public policy, it is imperative that institutions reexamine these positions and include scientific and epidemiological data in the consideration of their stance. Moreover, while the official Catholic Church position opposes the use artificial contraception, a 1995 survey of Catholics found that the majority of Catholics did not agree that use of contraceptives was immoral.

Conservative religious ideology is shaping U.S. domestic and international policy that funds the provision of HIV prevention and reproductive health services. These dramatically impact women's health. In the U.S., some conservative Christian denominations and the Catholic Church are strong advocates of a "pro-life" position that opposes abortion and increasingly also seeks to restrict the use of artificial contraceptive methods. These groups have influenced public policies that fund the development and implementation of sex education curricula, international aid programs and health services for women in the U.S. and abroad. A recent investigation by a Congressional committee found that 80% of abstinence-only curricula developed under federal grants, contain misleading or erroneous information about reproduction, sexually transmitted diseases and/or contraception. An increasing proportion of funding for sex education in schools is being earmarked for abstinence-only programs, leaving young people with an incomplete understanding of reproductive health risks and prevention. On the international level, funding through the Leadership for AIDS, TB and Malaria earmarked 33 % of the HIV prevention funding to be abstinence-only, prohibiting any mention of condoms. U.S. funding for some U.N. agencies and non-governmental organizations serving the developing world have been significantly reduced or withdrawn because of federal restrictions on provision of some reproductive health services. These cuts have resulted in the loss of entire health programs in areas without any other health resources.

Epidemiological data demonstrates that the spread of HIV is now highest in young women globally. The global surveillance data indicate soaring rates of infection in India and China as well as Africa. Poverty dramatically increases risk for infectious diseases and pregnancy related morbidity and mortality. Access to accurate information and provision of comprehensive health services, including contraception, must be employed to address the pressing needs of young people, especially women in these areas.

This paper, first, will present current epidemiological data about maternal morbidity and mortality from pregnancy-related complications, HIV transmission rates, AIDS prevalence and impact of HIV/AIDS in the developing world. Second, the paper will explore current U.S. domestic and international policies on reproductive health services that have been influenced by conservative religious ideology. Lastly, the paper will consider the impact such policies have on women's health globally.

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Dr. Carroll earned a Ph.D. in Biological Sciences from the City University of New York. Her research has explored the molecular mechanisms regulating the gene expression of the catecholamine biosynthetic enzymes responsible for the synthesis of adrenaline and related neurotransmitters in the nervous system. She teaches basic pharmaceutical sciences including human physiology, infectious diseases, clinical immunology, gene technology and public health. She also serves as the Director of Graduate Research Programs in the college. Since 2001, Dr. Carroll has been a fellow in the Vincentian Center for Church and Society at St. John's. Her work with the Center has focused on social justice and health issues. Dr. Carroll in collaboration with Dr. Barry Brenton, Dr. Craig Baron and Sister Margaret John Kelly, with funding from the Metanexus Institute, is developing a Local Societies Initiative at St. John's University. The St. John's LSI is focused on Religion, Science and Social Justice and will include discussions on food, hunger, poverty and health.

Paper Text:
Science and religion provide knowledge about the universe, our place in it and how to live in the world. They represent different, complementary aspects of the truth and their integration can lead to rich understanding of who we are. Technology through application of scientific knowledge alters our life in the physical world and religion can help us assess how best to use technology for the good of humanity. Science can provide new understanding of natural processes and contribute to our moral sense of the good. Religion can provide a moral compass. While the compass reveals "true north," the correct direction of travel is not always due north. It is the judgment and evaluation of the captain and crew that chart the ship's course. How can we better discuss, evaluate and apply the principles in our religious tenets and American constitution to use powerful modern technologies to include the needs of the poor? How can religious beliefs and tenets be informed and evolve using scientific discoveries and technological innovations?

This paper will address the controversy about artificial contraception, the opposition to its use and the consequences to human health, especially in the poorest areas of the world. The influence of Catholic and conservative Christian churches is powerful in many areas of poverty. Faith based aid organizations have a consistent commitment and presence in these areas. Christianity is rising in the developing world – Africa, Asia and Latin America. It is imperative for churches and faith-based relief organizations that are a critical source of aid and development in these regions to consider again current positions on reproductive health services. If the Catholic Church were to modify its position on condoms, this could promote the use of this effective preventative measure in areas ravaged by HIV/AIDS. This shift could draw attention to these areas of the world

that are largely forgotten and to the important issues of economic and social justice that continue to predictably oppress the most vulnerable of the world.

The election of 2004 in the United States illustrates the power of religious ideology to shape public debate and policies that have real consequences in people's lives. At the same time, it provides a clear example of the polarization that exists today in American society. The public discussion suffers much from the reduction of complex concepts to sound bites, for example, "values", "morals", "pro-life", "pro-choice", "human rights", "freedom", "equality". Quick assumptions about the meaning of the word and swift categorization of the alternative views often solidify and affirm the righteousness of a polarized position, and end rather than begin productive engagement. If we cling stubbornly to static "moral" dogmas or labels without evaluating how they apply in new circumstances or comprehending what consequences result, we risk losing the opportunity for new understanding and to be of use to those who are powerless and most vulnerable. For this, we who have the resources and knowledge, bear responsibility.

The Catholic Church maintains staunch opposition to the use of artificial birth control and its position is stated in the papal encyclical, Humanae Vitae.[1] In the forty years since publication of the encyclical, challenging new questions about reproductive health have emerged. Advances in technology not only provide the ability to prevent conception but can also facilitate it through *in vitro* fertilization and even the looming possibility of cloning. While these technological advances were in many ways predictable developments of the biomedical revolution of the mid 20th century, the emergence of the worst infectious disease pandemic in history was not. What must be included in today's decisions about artificial contraceptive methods is the consideration of the largest infectious disease pandemic in human history, HIV/AIDS, and the enormous risks of maternal mortality for pregnant women in impoverished settings.

Today, amidst the exploding global AIDS pandemic, it is shocking that opposition to condom use remains vehement when this can reduce transmission of life-threatening infectious disease and pregnancy-related deaths in impoverished areas. Disease and mortality risks are real and high especially in the areas of the world where the prevalence of poverty is soaring. The ideological positions of the Catholic Church, the Christian right and the current administration in Washington about birth control are not trivial, merely inconvenient or quaintly out of date. They are major forces that shape domestic and foreign policy that endangers the health of young people, particularly women, in an era of resurging infectious diseases and widespread abject poverty. The current epidemiological data on the HIV/AIDS epidemic, women's health in developing nations and the efficacy of preventative strategies are clear. As a Catholic woman, scientist and professor in a college of health professions at a Catholic university, I challenge the stated position of the Vatican and Christian right on contraception and appeal for reexamination and reengagement of faith communities on this critical issue. Theologian Anthony Padovano questions that contraception is intrinsically evil and states, "We have reached a point with contraception and AIDS where the intent is no longer the prevention of pregnancy but the prevention of death. Contraception in the context we are considering is not aimed at controlling population but avoiding a holocaust." [2]

The official position of the Catholic Church regarding artificial contraception is expressed in the papal encyclical, Humanae Vitae, written by Pope Paul VI in 1968. The papal commission, which included lay men and women as well as clergy, recommended liberalization of the ban on birth control. The Pope considered the recommendation of the commission and noted in the encyclical the "recent evolution of society… growing distress to many families and developing countries… the person of woman and her place in society…laws which regulate the transmission of life " and the question of whether "the moment has not come for modern man to entrust to his reason and will, rather than to biological rhythms of his organism, the task of regulating birth" The encyclical, while affirming that married persons are "free and responsible collaborators of God the Creator", went on to conclude that "in the task of transmitting life, they are not free to proceed completely at will and man does not have unlimited dominion over his body and no such dominion over his generative faculties." Pope Paul VI, overrode the Commission's recommendation to liberalize the stance on contraception and upheld that the use of contraceptives is against natural law. The use of "unnatural" methods renders the conjugal act "intrinsically dishonest and unworthy of the human person." There are "insurmountable limits to the possibility of man's domination over his body and its functions; limits to which no man, whether private individual or one vested with authority, may licitly surpass." [1]

While the official position of Catholic Church on artificial contraception has not changed, the response of lay Catholics has varied substantially. "The question of contraception, although in itself marginal among Catholic teachings, was elevated to centrality by a domino theory concerned that all the principles of Catholic sexual morality would collapse, one by one, if change was accepted on this one point. … Something very much like that did happen – not because the Church admitted a change, however, but because it didn't."[3] In 1995, a survey of Catholics in the U.S. reported that 8/10 Catholics disagreed that "using artificial birth control is wrong" while 9/10 agreed that "someone who practices artificial birth control can still be a good Catholic."[3] Since the 60's, most Catholics quietly made their individual decisions about artificial contraception according to their conscience and these divergent viewpoints have quietly coexisted in the Catholic Church. Many Catholics today no longer look to the Church for guidance on sexual issues and public forums when sponsored by Church institutions rarely admit discussion of alternative views in this area. Those within faith communities who question the official doctrine must no longer be silent and complacent but must call for and engage in reexamination of the institutional positions on artificial contraception. It is imperative that communities engage in rigorous critical debate, examine the moral positions, the scientific facts and consider the consequences of restrictive policies on global public health. Accurate and reliable scientific and medical evidence about the AIDS epidemic, women's reproductive health and safety/efficacy of contraceptives must be used in a reexamination of morality-based positions against use of contraceptives. It is in fact a moral question as well as a critical public health and medical one. At risk are the lives of millions. Margaret Farley, Director of the Yale Divinity School Project on Gender, Faith and Responses to HIV/AIDS in Africa, observes, "All too often, however, a predominantly taboo morality is maintained in the sphere of sexuality - a morality whose

power depends precisely on resisting critical examination, perpetuating fear and shame and hence preventing either change or the deepening of traditional beliefs and rules… an uncritical imposition of traditional rules can ignore the genuine requirement of justice and truth in sexual relationships. The AIDS crisis, if nothing else, tells us this is no longer sufficient… if faith traditions do not address the gender bias that remains deep in their teachings and practices, changes for women will come too late to protect them from HIV/AIDS."[4]

In January 2005, a statement by Father Juan Antonio Martinez Camino, suggested that the Church might be easing its stance on condoms in light of the HIV/AIDS crisis.[5] The Catholic Conference of Bishops in Spain, however, quickly issued a statement reaffirming the Church's doctrine on artificial contraception saying, "The use of contraceptives implies immoral sexual behavior." "Faithful love promotes the dignity of people and avoids illnesses and promoting the use of contraceptives leads only to promiscuity."[6] The statement continued with support for ABC programs which have shown remarkable success in reducing HIV/AIDS transmission in such places as Uganda. The statement, however, went on to insist that these programs set a priority on abstinence while condom use was minimized. In fact, studies of ABC programs have shown that of the three, appeal to abstinence has the least effect on the transmission of HIV/AIDS.[10] The statement also asserted that "prestigious scientists and specialists of international rank… the WHO… experts in public health" agree with the Church's moral doctrine that "abstinence and mutual fidelity between spouses is the only universally safe conduct with regard to the danger of AIDS."[6] It is hard to imagine that any public health professional confronting AIDS would advise continuation of "faithful conjugal love open to life" for discordant (HIV+/HIV-) couples or agree that "it is not possible to advise the use of condoms being itself contrary to the morality of the person."[6]

A similar stance against contraceptives has been expressed by Kenneth Connor, president of the conservative group the Family Research Council, "Responsible moral behavior (defined as abstinence and monogamy) is the first and best line of defense against AIDS and the only message we should send young people worldwide."[7] Chuck Colson and William Bennett of Empower America express the conservative view that "Condoms must no longer be considered the first line of defense against HIV."[7] Cardinal Alfonso Lopez Trujillo, president of the Pontifical Council for the Family, accused the CDC of suppressing medical evidence demonstrating the ineffectiveness of condoms which "spermatozoa and viruses pass through easily". This he contends has "contributed to the massive STD epidemic."[8] Many Catholic groups responded in a letter to the U.S. Conference of Bishops, "We believe the Catholic Church should lift the ban on condoms as a moral and humanitarian matter. But if not, the church should at least be clear that its objections to condoms as a means of HIV/AIDS prevention are ecclesiastical not scientific." [9] While due consideration of health risks of any medical interventions is essential and prudent, the selective use of scientific, epidemiological and clinical data to support an ideological position creates dangerous distortions.

The epidemiological data clearly demonstrates that the world today is in the midst of perhaps the worst infectious disease epidemic humanity has ever faced, HIV/AIDS.

Since its first description in the early 1980s, HIV/AIDS has reached every country in the world, and is estimated to have infected more than 42 million people worldwide in the last 25 years. Some regions in Africa have a disease burden encompassing 1/3 of the adult population. Life expectancy today in Zimbabwe has dropped to 36 years. The WHO estimates that half of all new infections today are in people between 15 and 24 years old. Along with Africa, according to the WHO World Health Report 2003[10], the epidemic is growing at disturbing rates now in India, China and Eastern Europe. 60% of new AIDS cases in Africa are women. The prognosis for the foreseeable future is grim. The enormity of the epidemic is difficult to comprehend and in some areas the worst is certainly yet to come as billions of young people come of age. Over 85% of the population growth in the next 50 years will occur in the developing world.

The trends in the United States also indicate the population at highest risk is women. The Centers for Disease Control and Prevention (CDC) now records the incidence (new cases) of HIV infections in addition to counting AIDS cases in the United States[11]. This data reveals that there are higher proportions of women and minorities among the most recently infected indicating these are the parts of the population in which the disease is being acquired at highest rate. In the U.S., female adolescents 15-19 years old have the highest incidence of sexually transmitted diseases. Globally, the WHO and other health organizations have identified young women as the population in which incidence rates for HIV/AIDS are growing fastest. 58% of HIV infections in sub Saharan Africa now are women. In that region, 2/3 of new cases are 15-19 year old women. In Africa, rates of HIV infection are 5-16 times higher in teen girls compared with boys. [10] Women continue to bear the highest burden of this disease yet their needs are inadequately addressed.

Every tool at our disposal, preventative, diagnostic and therapeutic must be employed now to protect the billion young people around the world entering adulthood today and those close behind them. Despite 25 years of experience with the HIV/AIDS epidemic, accurate information about modes of transmission, risk for infection and means for protecting oneself from infection is failing to reach the populations most at risk. Even in the United States with ample resources, the CDC estimates that 25% of the one million Americans infected with HIV are unaware of their status. According to the New York City director of HIV monitoring, Dr. Lucia Torian[12], 26% of new HIV cases also met the criteria for a diagnosis of AIDS, indicating that they had had the infection for some time yet never sought diagnosis or treatment at early stages. Surveys carried out by UNICEF, U.N. AIDS and WHO, produced a U.N. report, “Young people and AIDS: opportunity in crisis”[13], which indicated that 50 % of young people worldwide had serious misconceptions about AIDS transmission and protection. After 25 years of experience with this virus, why is information on prevention and treatment inaccessible to those at risk?

Powerful political and religious groups have been successful at incorporating their ideological agendas into public policy. Domestic sex education programs in some states have been eliminated or curtailed due to pressure from conservative groups. The allocation of funding by the current U.S. administration in Washington for health programs domestically and internationally has been shaped by conservative views on

contraception and abortion. Agencies like USAID and NIH have been reported to be under pressure to scale back funding for projects and research targeted at high risk groups like homosexuals, drug-users, prostitutes. 100 million dollars is currently allocated by the U.S. government for domestic abstinence-only education with funding contingent upon agreement not to endorse condom use or provide information about them. [14]

For FY2004, the Federal Family Planning Program, which provides low income women with contraceptive services, gyn exams, pregnancy testing, screening for cervical and breast cancer, hypertension, anemia and diabetes, STDs including HIV, basic infertility services, health education and referrals to other health and social services was allocated $278 million. Taking inflation into account this was 57% lower than 23 years ago. [15] At the same time the Congress proposed to spend $100 million with matching monies mandated to be provided by the states, to fund classes on marriage for single women promoting the message that the best way out of poverty is marriage. Studies have provided ample evidence evidence that "a college education rather than marriage is the single biggest contributor to a woman's financial independence." [15] During the same legislative session, proposals to fund $6 billion in child care services for welfare recipients, required to work 34 hours per week by the 2003 Welfare Authorization Bill, and increases in the child tax credits for working families failed to progress.

Currently, many medical insurance policies in the U.S. exclude coverage for contraceptives. The U.S. Congress has consistently rejected passage of legislation to require the inclusion of contraceptives in insurance policies. It is ironic that, within 2 months of its introduction to the market, more than half the prescriptions for Viagra were eligible for insurance coverage, including those offered by the government and religious institutions.[15] A new federal regulation extended health insurance coverage under State Health Insurance Plus (SCHIP) to "unborn children". Shortly thereafter the Bush administration withdrew support to guarantee coverage to a pregnant woman under the same plans "arguing it was no longer necessary since coverage was directly provided to the fetus." Treatment for women hemorrhaging during birth is not covered by the regulation. [15]

Thirty-three percent of the funds allocated for AIDS prevention by the U.S. Leadership against HIV/AIDS, TB and Malaria are earmarked for abstinence-only programs. The bill passed by Congress also calls for funding programs through "faith-based organizations" because of their demonstrated integration in communities and successful programs of care to those in need. However, the kinds of services, e.g. education about and distribution of condoms can be restricted on moral grounds and legally protected by "conscience clauses". In the U.S. medical professionals can invoke "conscience clauses" to justify refusal to prescribe, dispense or provide contraceptive devices, medications or information. [16]

The participation of medical experts in the global discussion of the HIV/AIDS epidemic was curtailed by ideologically-driven policy changes. Recently, under pressure from the Traditional Values Coalition, the Bush administration withdrew funding for the Global Health Council's annual conference and prevented representatives from the major U.S.

government health agencies, CDC, USAID and DHHS from attending the international conference.[17] Bowing to political pressure, the CDC, U.S.AID and DHHS withdrew their support just two months before for the annual GHC conference in which they had participated for the last 30 years. The 2004 conference, "Youth and Health: Generation on the Edge," covered range of critical topics including infectious diseases, nutrition, reproductive health, HIV/AIDS pandemic, disaster assistance, early marriage, substance abuse. The participants, over 2,000 international public health professionals and advocates, represented 300 institutions including Catholic Medical Mission Board, Pan American Health Organization and Save the Children.

The U.S. decision to boycott derived from ideological position on abortion and contraception despite the diversity of crucial health topics addressed in the conference program. Specifically, the U.S. objected to participation by two of the 300 institutional members. These organizations, the International Family Planning Program and the U.N. FPA, provide a variety of health and family planning services in poor countries. For the last three years President Bush has refused to release funds appropriated by Congress to UNFPA, the world's largest family planning and reproductive health provider for women. The administration's position is based on claims that the agency provided funds for coerced sterilization in China, a charge that has been deemed groundless by four investigative teams including one from the U.S. State Department. This funding freeze is depriving poor women in 140 countries of safe motherhood services, contraceptives, fistula repair, HIV/AIDS prevention. "The U.S. provided 12 % of the operating budget for UNFPA. It is estimated that the $102 million withheld could have prevented 10,000 maternal deaths and 300,000 infant and child deaths."[15] These and other non-governmental organizations have forgone U.S. funding by refusing to sign onto the Mexico City Policy, reinstated by George Bush in 2001. This policy, called the "global gag rule," requires that organizations receiving U.S. aid may not use any funds, even those not provided by U.S., to provide direct services, referrals, counseling, participate in education programs or advocate for abortion legalization. [18]

The Global Health Council refused to exclude IFFP and UNFPA from the conference recognizing the important contributions these organizations make to international health by providing a wide range of health and reproductive services. Rather than participate in discussion with public health leaders from around the world, according to CEO and President of the Global Health Council, Nils Daulaire, M.D., M.P.H., the U.S. "wanted to disrupt the civil dialogue required for real understanding…to discredit those who champion openness and debate because fair and thoughtful debate threatens their intention to separate reproductive health out from the rest of the global health agenda."[17] Also, the Department of Health and Human Services cut 85% of the funding for its health professionals and researchers to attend the he 2004 International AIDS Conference and prohibited researchers from using research funds to participate. [15]

At the U.N. General Assembly Special Session on Children in 2002, "in alliance with Iraq, Iran, Libya, Sudan, Syria and the Vatican, the Bush administration attempted to block a consensus on quality sexuality education." If they had successfully blocked this resolution, it "would have prevented young people under 18 years old from receiving

information about sexual abuse, birth control, condoms, reproductive health services and HIV/AIDS prevention."[15] The administration favored an abstinence-only approach. At the U.N. Commission on Human Rights, the Bush administration "tried and failed to weaken a unanimous resolution on the right to health casting the lone dissenting vote because of the inclusion of the phrase "health care services". Only the U.S. opposed a resolution "urging countries to enhance efforts to eliminate discrimination in health care, prevent violence, promote sexual and reproductive health, take steps to protect the fundamental right to health for their own citizens and assist developing countries in achieving higher standards of health." In 2003, the Bush administration withdrew funding for a consortium of 8 non-governmental organizations serving refugee women and providing emergency obstetrical care, HIV/AIDS preventative services, emergency contraception and education to prevent violence against women. [15]

Major public health organizations favor comprehensive programs of sex education which promote responsible behavior including abstinence along with information about barrier contraceptive methods to protect against sexually transmitted diseases. The implementation of comprehensive preventative strategies for sexually transmitted diseases has been impeded by religious and political groups opposing artificial contraception on ideological grounds. Misinformation and moralistic rhetoric disparage prevention programs which include condoms. Political power is used to restrict the information provided in education programs. Funding allocations for programs not consistent with conservative positions on contraception have been reduced or cut. For example, "At the behest of higher ups in the Bush administration, the CDC was forced to discontinue a project called 'Programs that Work', which identified sex education programs found to be effective by scientific studies," none of which were abstinence only programs, the preferred policy of the administration. The administration also required the CDC to replace its science-based performance measures of sex education programs, such as birth rates of female participants, with more subjective measures like attendance and attitudes. "A fact sheet on the CDC website that included information on proper condom use, the effectiveness of different types of condoms and studies showing that condom education does not promote sexual activity was replaced with a document that emphasizes condom failure rates and the effectiveness of abstinence." [14]

While condoms alone are not the solution to the AIDS epidemic or STDs, when used as part of a comprehensive strategy, they provide a critical component that is highly effective in reducing sexual transmission of disease. Banning condom use produces conditions that contribute to escalating infectious disease rates. India is an area of the world experiencing an exponential rise in HIV infection and increase in AIDS prevalence, a U.S. National Intelligence Council 2002 report estimated the number of HIV-infected people in India to be between 5 and 8 million. Dramatic reductions in HIV incidence were observed in Sonagachi, India, where prostitutes became advocates for condom use. In Sonagachi, where some 9,000 women work the streets and brothels, condom usage increased from 1 to 80 percent and infection rates are estimated at about 8 to 11 percent as compared to other regions where HIV prevalence among prostitutes has reached 30-50 percent. [7]

Policies that restrict the information to abstinence-only leaves young people misinformed and ill-prepared to make important decisions about sexual activity. A recent investigation commissioned by Rep Henry Waxman, reviewing the curricula of federally funded abstinence-only sex education programs found, “that over 80% of the abstinence-only curricula, used by 2/3 of the federally funded SPRANS grantees in 2003, contain false, misleading or distorted information about reproductive health.” [19] Proponents of abstinence only programs claim they are the “best” and “surest” way to prevent transmission of STDs. Do abstinence only programs work? If they are not working, are they in fact promoting the spread of HIV/AIDS and other sexually transmitted diseases? If so, can these restrictive policies be defended as moral and humane when they may indeed be increasing the risk for disease and mortality? Is it time for the ideological and religious groups who oppose condom use to reexamine this position in light of the current health situation? Some recent studies provide data and insight into these questions.

A recent 7 year federally funded study [20], the National Longitudinal Study of Adolescent Health, conducted by Dr. Peter Bearman at Columbia University, investigated the effectiveness of the virginity pledge promoted by groups such as “True Love Waits.” First, of the 12,000 teens studied, 88% of those taking the virginity pledge reported having sex before marriage, however, as a group they had delayed their first sexual intercourse by 18 months, had fewer sexual partners and married earlier than teens not taking the pledge. Surprisingly, the rates of sexually transmitted disease were almost identical in the pledge vs. non-pledge groups. Further, boys and girls in the non pledge group who became infected were twice as likely to get tested and know they were infected than those in the pledge group. Condom use among the sexually active teens in the non-pledge group was 60% compared to 40% use in the pledge group. Other studies have found that comprehensive sex education was more likely to result in delay of sexual activity and encourage condom use when teens did initiate sexual activity than abstinence only programs. The abstinence only approach, even in the United States where resources are abundant, did not reduce risk of STD transmission and in fact fostered more ignorance and irresponsibility with respect to knowing one’s infectious status, transmitting the virus and seeking medical attention.

Exporting abstinence only programs to developing countries with high burdens of infectious disease raises even more disturbing issues. Aid programs that do not adequately evaluate the disease trends and identify the needs of the population, exhaust critical resources on solutions that are less than optimal. Abstinence only programs recommend monogamous relationships as a means of protection against STDs. However, recent studies in several African nations found that teen brides have a higher risk for infection with the AIDS virus than sexually active unmarried girls of the same age in the same areas. [21] Sexual activity and marriage for young women can be motivated or necessitated by poverty not choice. Young married women are contracting AIDS from their husbands who tend to be older than the partners of the unmarried women. This higher risk is in part because condom use in marriage has not been encouraged. Physiologically, young women may be more susceptible to sexual transmission of disease. According to Dr. Catherine Haskins, chief scientific advisor to the U.N. AIDS program, “We have known for a long time that marriage in and of itself is not protective

for women who have partners who have been or continue to be at risk… married adolescents seem to be a forgotten population.” [21]

Infectious disease is not the only risk sexually active women in poor countries face. Another risk is pregnancy. According to the United Nations Population Fund, 600,000 women a year die in pregnancy and childbirth in developing countries.[22,23] Nicolas Kristof in a N.Y. Times op-ed article recently quoted a local proverb from Chad: “A woman who is pregnant has one foot in the grave.” [24] According to UNICEF, pregnancy is leading cause of death for 15-19 year old girls worldwide.[18] Failure to provide for women’s health and the lack of access to basic medical care in many areas of the world produces staggering maternal and infant mortality rates. In Afghanistan,[19] UNICEF estimates maternal mortality to be approximately 1700/100,000 (1 in 60 births). In some sub-Saharan areas maternal mortality is as high as 1/16 pregnancies. The problems include nutrition, economic support and barriers to getting the health care they need. Twenty three years of war have been catastrophic for women’s health in Afghanistan. Hospital facilities, medical personnel and education have been devastated. In southern Afghanistan there is only one trained gynecologist, Dr. Mohammad Ibrahim Salim, who points out that international aid for women’s health is severely lacking despite the desperate need.[25] In Chad, a country of 9 million people, there are 15 obstetricians. [24] Several programs (e.g. UN Population Fund and the Reproductive Health in Conflict Consortium) that provide critical services to reduce maternal mortality in poor countries have had all their funding cut by the Bush administration because one of the many countries in which they provide aid included China that has had repressive family-planning programs. [15]

In cultures where substantial gender inequality persists, the marriage relationship represents a power dynamic between husband and wife that presents a formidable barrier to using condoms. Promoting understanding about sexual transmission of disease and its prevention are crucial to the needed change of behavior for both men and women. Health risks for young women are exacerbated by aid programs that promote abstinence only, a message insufficient and unmanageable for wives with no economic or social independence. Access to information is essential to any intervention program and its restriction portends dire consequences. Education, literacy and empowerment of women have time and again proved to be the key to the health and development of communities. The WHO World Health Report in 2003 in summarizing successful intervention programs states, “The empowerment of women appears to have been a key factor in enabling safer patterns of sexual behavior.” [10]

What are the features of programs that work? According to a U.N. report, the decline in transmission rates in Thailand and Uganda is attributable to giving young people knowledge, tools and services to make informed choices about their behaviors. These countries are often cited to exemplify the success of abstinence-only programs. However, the ABC campaign (Abstinence, Be Faithful, Use Condoms) used in these countries combines access to treatment with comprehensive information and distribution of condoms along with promotion of abstinence for prevention of infection. The willingness of government officials to discuss openly sexual transmission of disease and

expand education about HIV/AIDS were critical to the success in these areas ravaged by the epidemic. Scientific evaluation of these programs further revealed that of the three factors, abstinence contributed least to reducing prevalence of HIV.[20] Former Director-General of the WHO, Gro Harlem Brundtland, said, "Young people have unquestionably demonstrated they are capable of making responsible choices to protect themselves when provided support, and they can educate and motivate others to make safe choices." [26]

These are complex and challenging times that require new ways of thinking while not losing sight of the true principles that define our humanity. Margaret Farley in a lecture entitled, Compassion and Respect, stated, "Leaders and participants in faith communities can no longer blindly support systems, their own or others, that ignore or underestimate women's needs, lack of access to care and powerlessness to spare the lives of their children." [4] Responsible action cannot result from ignorance and withholding information impedes making a responsible decision. Comprehensive understanding about reproductive health can be strengthened by integrating new scientific understanding about the human body with fundamental moral principles about sexuality. Empowering women with knowledge and means to take charge of their lives and make decisions for their own and their children's futures will foster responsible sexual activity.

Some attribute declining sexual mores to the availability of contraceptives. This is simplistic and ignores powerful social and economic forces that continue to maintain the diminished status of women worldwide and demean or commercialize sex. This is reflected in many overtly exploitive practices and policies as well as culturally repressive attitudes. Consider the systematic use of rape as a war tactic, the economic dependence of women, or prohibitions against educating women. Humanae Vitae also warned of the voices which are contrary to moral teachings and "amplified by modern means of propaganda." Perhaps this fear has been realized not because of promotion of contraceptive medications but because sex is used as a prime commercial motivator. Consider the market use of sex and sexuality to sell just about any product. Look at billboards, magazines or prime time television in the U.S. that use blatantly sexual images to sell jeans, underwear, alcohol, gym memberships, etc. Our concerns about declining sexual mores might more productively address the systematic violence against women and the graphic imagery that debases rather than respects the intimacy and sacredness of sex. Restricting information about and access to effective preventative health measures will not promote more respectful attitudes toward sex. Restriction is more likely to exacerbate the fear and secrecy that can only limit the important discussions that need to be happening to develop more holistic attitudes toward sex, health, equity, justice and the meaning of our common humanity. More urgently, such restrictions will continue to unjustly deprive those who are suffering and dying of life-saving resources.

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