

Young people across the world are showing an alarming lack of knowledge regarding sexually transmitted infections and their consequences.

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Sexually Transmitted Infections and young people

A world wide increase in STIs is mirrored in the UK and has implications for health education programmes.

A report from Unicef 'Young people and HIV/AIDS: Opportunity in Crisis'¹ shows the vast majority of the world's young people have no idea how HIV/AIDS is transmitted or how to protect themselves from the disease. Yet the study also shows that adolescence is the time when the majority of people become sexually active.

Surveys from 60 countries indicate that more than 50 per cent of young people aged 15 to 24 harbour serious misconceptions about how HIV/AIDS is transmitted -- a strong indicator that young people are not getting access to the right information. In some of the countries most at risk from the virus, the proportion of young people who have correct knowledge to protect themselves is as low as 20 percent. The result: half of all new infections today are in people between the ages of 15 and 24. The report highlights that in countries where the spread of HIV/AIDS is subsiding or declining, such as Thailand and Uganda, it is primarily because young men and women are being given the knowledge, tools and services to adopt safe behaviours. It says there is a strong linkage between what young people know and how they act, and that a safe and protective environment is crucial for them to develop the skills necessary to avoid infection.

Zambia

In Zambia, half the population is under 15 years of age and sexually transmitted infections are a major health problem for young people.² One third of the country's teenagers start

secondary school, but three-quarters drop out before gaining their certificates. Half of the young people cannot cite even one symptom of sexually transmitted infections.

United States

In the United States, adolescents have a higher degree of susceptibility to sexually transmitted infections than adults.³ Researches have estimated that a sexually active 15 year old female has a 1 in 8 chance of developing pelvic inflammatory disease (PID) which is the most rapidly increasing cause of infertility in the US and is the primary reason for the 600% increase in ectopic pregnancies since 1970. The report goes on to identify some common sexually transmitted infections (STIs):

- ▷ *Chlamydia* - is a very serious infection as it may have no symptoms; 75% of infected women and 25% of infected men have no symptoms at all
- ▷ Gonorrhoea - is the most frequently reported infection. 40% of it's victims contract PID if not treated, and it can cause sterility
- ▷ Hepatitis B - a vaccine exists, but there's no cure; can cause cancer of the liver
- ▷ Herpes - painful and episodic; can be treated but there's no cure
- ▷ HIV/AIDS - AIDS is the sixth leading cause of death among young men and women. Treatments have improved but there is no room for complacency about infection
- ▷ Human Papilloma Virus (HPV) & Genital Warts - it is estimated that 33% of all US women have this virus, which as well as unsightly warts can cause cervical

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or penile cancer and genital pain
 ▷ Syphilis - untreated, can lead to serious damage of the brain or heart

United Kingdom

A dramatic increase in sexually transmitted infections in the UK has created a desperate need for more sexual education in schools and specialist clinics for young people according to a report, 'Sexually Transmitted Infections' from the British Medical Association.⁴ The BMA says that the incidence of gonorrhoea, syphilis, and *Chlamydia* all doubled in the UK from 1995 to 2000. This rise is partly attributable to unsafe sexual behaviour among young heterosexual adults and homosexual and bisexual men.

The BMA has called on the government to

invest more money in sex education services in schools, enabling school nurses to refer young people to genito-urinary medicine (GUM) clinics specifically designed for young people.

One reason proposed for the rise in these infections is a lack of high profile sexual health campaigns. The decline in the numbers of infections in the late 1980s and early 1990s was attributed to aggressive government campaigns such as the "Don't die of ignorance" AIDS campaign. Today's teenagers were not around for such campaigns, and nothing has taken their place. The report also adds that the rapid rise in STIs is not completely attributable to promiscuity in young people as many infections are now more easily spotted because of more efficient diagnostic techniques.

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SHEU figures about STIs

The Schools Health Education Unit (SHEU) data show us behind the headline statistics of infection rates to shed some light on how young people's knowledge about STIs develops while at school. In the 1980s and 1990s the emphasis was on HIV/AIDS, and the language was often about Sexually Transmitted Diseases (STDs). [Because many STIs can be 'silent', causing no symptoms, the term 'infection' is better than 'disease'.] During the late 1990s, we observed (and reported before) a decline in young people's concern about HIV/AIDS and a decline in the accuracy of their knowledge about infection.

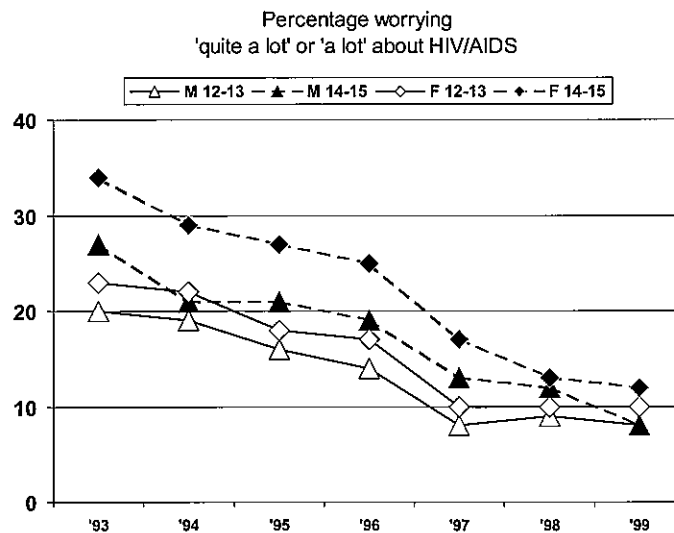
Concern can be replaced by informed, confident and safe practice, or by ignorance or even complacency; sadly, the BMA report rather suggests the latter is more likely. Similarly, poorer understanding in Year 10 may reflect a shift of emphasis by schools to teaching about STIs in Year 11, but this may be wishful thinking. We have revised this section of our secondary questionnaire to reflect the concern about other infections and to include some new questions about contraception and prophylaxis.

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1. Here is a list of sexually transmitted diseases and infections. For each one, please choose the answer that describes best what you know about them.

0 = Never heard of it
 1 = Know nothing about it
 2 = Can be treated but not cured
 3 = Can be treated and cured

A Genital herpes	0	1	2	3
B Genital warts (papilloma virus)	0	1	2	3
C Gonorrhoea	0	1	2	3
D HIV/AIDS	0	1	2	3
E Non-specific urethritis (NSU, e.g. <i>Chlamydia</i>)	0	1	2	3
F Pubic lice (crabs)	0	1	2	3



Over half of pupils in Year 8 or 10 selected 'Never heard of it' or 'Know nothing about it'...

'Never heard of it'

Most pupils had at least heard of HIV/AIDS and pubic lice (crabs) but they did not appear anything like so well informed about other infections. Over half of pupils in Year 8 or 10 selected 'Never heard of it' or 'Know nothing about it' as responses about herpes, warts, gonorrhoea and *Chlamydia*. [It may be that they know some symptoms but have no view about treatment.]

Only among Year 10 girls was there a majority of the group who expressed a view about genital warts; 47% thought they could be treated and cured. (There is no real cure for the virus but correct treatment should mean that the warts eventually disappear and do not return.) Moreover, if HIV/AIDS is seen as being the only infection worthy of concern, and also that it is rare or of little concern for young people in Britain, then again the likely result is complacency.

Knowledge of contraceptive methods

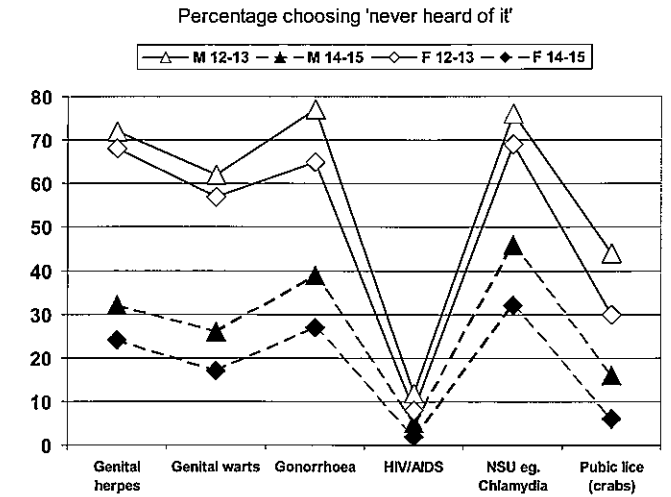
We ask a parallel questions about contraceptive methods, including reference to condoms, diaphragm (cap), pill, female condom (femidom), emergency contraception ('morning-after pill'), safe period (rhythm method), and sex without penetration.

Knowledge of contraceptive methods is better than for STIs, but only 45% of pupils (51% of year 10 pupils) identified condoms as reliable in stopping infections like HIV/AIDS. Perhaps this low figure may result in more cautious sexual behaviour, but equally fatalism may result. It is important to understand this statistic in greater depth.

Protecting against STIs

Children with no interest or likelihood of having sex may not yet need to have a decided approach to protecting themselves against STIs, but clearly some sexually active young people are not doing enough. Maybe we also are not doing enough for young people: just 23% of pupils in SHEU figures knew about a contraception and advice centre for young people available locally (though 50% of Year 10 girls thought they knew of one).

In this context we are also concerned about a Texas report that many young women do not think they have rights to refuse sexual contact under different circumstances.⁵ The study showed that one in five sexually active women surveyed believed that they never have the



right to:

- ▷ stop foreplay at any time, including at the point of intercourse
- ▷ refuse to have sexual intercourse, even if they have had sex with that partner before
- ▷ make their own decisions about contraception, regardless of their partner's wishes
- ▷ ask their partner if he has been examined for sexually transmitted diseases; or
- ▷ tell their partner that they want to make love differently or that he is being too rough

Moreover, more than two in five young women surveyed believed that they never or only sometimes have the right to tell a relative they are not comfortable being hugged or kissed in certain ways.

We wonder what a UK study would reveal. Whether or not your school has its own local data from one of our surveys, the information in this article should prove a useful prompt for planning your programmes and for discussions with pupils.

References

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- 4 British Medical Association. (February, 2002) *Sexually Transmitted Infections*. Located at www.bma.org.uk/ap.nsf/content/EXT-Press+release+Archive-Public or try the press release archive for Tuesday 26th February 2002 located at www.bma.org.uk/pressrel.nsf
- 5 Rickert, V.I. (July/August 2002). *Is Lack of Sexual Assertiveness Among Adolescent and Young Adult Women a Cause for Concern? Perspectives on Sexual and Reproductive Health*.