

NEWS & VIEWS

TEENAGE VD STUDY SCORES PUBLIC ATTITUDES; SEX TABOOS, CLASS BIASES AND IGNORANCE CITED AS FACTORS IMPEDING VD CONTROL

Taboos regarding sex, prejudicial attitudes, class biases, ignorance and apathy are some of the factors impeding venereal disease control in the United States, writes Dr. Cella S. Deschin, author of "Teen-Agers and Venereal Disease—A Sociological Study," report of a just-completed study of 600 teen-age patients attending New York City social hygiene clinics.

Stating that "It is necessary to replace ignorance with knowledge and apathy with appropriate action if we are interested in more effective control of these diseases," Dr. Deschin, who directed the study, stressed the need for a clarification of the role of sex in our society.

"While interest in and concern about sex have greatly increased," she comments, "knowledge about sex in the sense of its meaning and relation to life appears not to have increased appreciably". She also notes, "Of the factors that continue to hamper VD control, none is more significant than the confusion that exists today with respect to standards of sexual behavior."

STUDY BEGINS IN 1958

The study, which began in the fall of 1958; is a thorough investigation of the social and sexual behavior of 600 teen-agers who came to New York City social hygiene clinics because they had, suspected that they had, or had been exposed to a venereal disease. **It is the first behavioral study of adolescent VD clinic patients.** Conducted by the American Social Health Association in co-operation with the New York City Department of Health under the aegis of the Venereal Disease Branch of the United States Public Health Service, its objectives were to improve the venereal disease control program and to obtain some clues and guidelines for prevention, especially among teen-agers.

In the planning stage, it was apparent that little was known about teenage VD patients, though there existed many stereotyped ideas, not only among social hygiene clinic personnel, but also among a variety of professionals in youth organizations. Among the stereotypes was the prevailing belief that "venereal disease was no longer a problem and, if it were, it involved primarily delinquents and teen-agers from low-income, demoralized families for whom little rehabilitation was possible."

After gathering data from the 600 young people and visiting the homes of 100 of the group, it was obvious that many of the preconceptions were not correct.

STEREOTYPES EXPLODED

It had been thought that teen-agers would not agree to a depth interview, especially one that asked for highly personal and intimate data. Six hundred and ten were asked to participate. Six hundred readily agreed. The study exploded other assumptions. Youthful clinic patients were not transients. The majority were long-time or life-time residents; only 13% had lived in New York City for less than a year; and three-fourths reported that one or both parents were born in the United States. Their families were predominantly self-supporting. Only one-sixth were dependent, in whole or in part, upon public assistance. Indices of parental control reflected considerable family stability. Over two-thirds reported that their parents were interested in knowing where they were, expected them to be home at specific hours, and set standards of behavior. Though the homes of most of the group were located largely in low-income and slum housing, over half lived in apartments furnished by the family, with little overcrowding.

SCHOOL DROP-OUTS HIGH

The educational and cultural level of the interviewees was, for the most part, impoverished. Almost two-thirds reported that their school experience—past and present—had little significance for them. There was a high incidence of school drop-outs. One-third of the group had had to repeat one or more grades; over one-sixth had reading difficulties. Of those who had entered, only 15% had graduated from high school—63.3% had not liked or did not like going to school. Four hundred and thirty-nine of the 600 interviewees were not in school, yet only 219 had had any employment up to the time of their interview. Only 23% were rated as making “adequate” use of cultural resources in New York City.

The study also showed that, of the 600, only 10% had a good knowledge of the venereal diseases. Only 42% had ever read or heard *anything* about venereal disease and, of these, just 14% had gained any of their information from school instruction.

The majority had received their sex knowledge from their peers. Parents or other adults provided information for only 21%. Pornography, observation of animals or peeping accounted for the next highest group, and school or books were the source for only 13%.

Copies of the 168-page report are available from the American Social Health Association at a price of \$2.50 per copy.—Social health news 1 & 3 Vol. 36, No. 6 June, 1961.

TASK FORCE RECOMMENDS TEN YFAR PROGRAM TO ELIMINATE SYPHILIS

A six-point, ten-year program to eradicate syphilis as a public health problem was recommended to the U. S. Public Health Service in a report submitted in January by a five member Task Force.

Headed by Dr. Leona Baumgartner, Commissioner of Health of New York City, the group was appointed last September by Surgeon General Luther L. Terry following a House Appropriations Committee request that the Public Health Service develop recommendations for a program to eliminate syphilis.

The report points out that "the 18,781 persons reported with infectious syphilis in the United States during fiscal year 1961 were the greatest number of such cases reported in any year since 1950 and that, between 1956 and 1960, there was a rise of more than 130 percent in infectious syphilis among persons under 20 years of age."

To combat this growing problem the report recommends an expanded syphilis control program that would increase Federal expenditures an estimated \$4 million a year over the next ten years. The \$4 million increase, based on the 1961 Federal appropriation of \$6 million, would bring the Federal expenditure on VD control to \$10 million annually.

The report asks for:

1. **an intensive national effort providing for at least two visits a year by a qualified health worker to the country's 100,000 general practitioners and one visit per year to the remaining 130,000 physicians to explain the physician's role and responsibility in syphilis control and to raise his level of alertness to the signs and symptoms of syphilis in his patients.**
2. Establishment of a program to insure that all blood processing laboratories report to health departments all positive specimens by name of patient.
3. **Intensification and extension of current investigation services to cover all infectious syphilis cases.**
4. Development of a comprehensive and dynamic education program for professional workers and the general public.
5. **Continuation of research in syphilis immunology, therapy, and laboratory procedure together with greater expansion of research in adolescent and young adult sex behavior.**
6. Unstinted support of the program by Federal, state and local governments even after the reported number of syphilis cases begins to decline.

In the background of the last recommendation is the history that reported cases of infectious syphilis declined from a high of 106,539 cases in 1947 to 6,251 cases in 1957. With the decline of reported cases of infectious syphilis, Federal expenditures dropped sharply from \$16 million in 1950 to \$3 million in 1955. This setback in the Federal program helped to allow a reservoir of infectious cases to build up which has influenced the sharp rise during the last three years.

Serving with Dr. Baumgartner on the Task Force were: T. Lefoy Richman, projects coordinator, National Commission on Community Health Services, New York City; Dr. Arthur C. Curtis, chairman, Department of Dermatology, College of Medicine, the University of Michigan; Dr. A. L. Gray, executive officer, Mississippi State Board of Health, and Benno E. Kuechle, vice president of Employers

Mutuals of Wausau, Wisconsin. Dr. Curtis is a member of ASHA's Board of Directors and Chairman of its Venereal Disease Committee.—Social health news Vol. 37, No. 2 P 1 x 4 February, 1962.

ASHA TO PLAN SECTION ON BEHAVIORAL ASPECTS OF VD FOR WORLD FORUM

The American Social Health Association has accepted responsibility for planning a program section on the psycho-socio cultural aspects of venereal syphilis for the World Forum on Syphilis and Other Treponematoses, according to Conrad Van Hying, ASHA executive director.

The Public Health Service of the Department of Health, Education, and Welfare, the American Venereal Disease Association and ASHA are the sponsoring organizations for the international meeting.

Plans for the World Forum call for a comprehensive presentation of both the biologic (technical-medical) and behavioral science (psycho-socio-cultural) aspects of venereal syphilis and their inter-relationships throughout the world. This systematic overview with a substantive emphasis on the psycho-socio-cultural aspects of the venereal syphilis problem will be the first ever presented at an international meeting.

The behavioral science aspects of venereal syphilis will be developed under four themes:

1. **Attitudes toward and public images of VD.**
2. **Psychiatry and mental health aspects of VD.**
3. **Social patterns and VD.**
4. **Social stratification and VD.**

These major themes will be broken down into specific topics for presentation and discussion.

The inclusion of a psycho-socio-cultural section in the World Forum Program is another indication of the widespread belief that the availability of a quick cure drug alone is not solving the venereal syphilis problem.

In the United States, for example, where penicillin is easily available, reported cases of primary infectious syphilis have increased sharply over the past three years. The problem in the United States is said to reflect the problem throughout the world.

Forum sponsors anticipate that the international meeting will add new dimensions to the canon of knowledge on VD control. It is also believed that the exchange of information on research and program activities in countries throughout the world will stimulate further research and provide a basis for a continuing interchange of information on studies, programs and problems.

Major goals of the Forum are: to delineate the current state of knowledge in control of syphilis; to outline future courses of action; and to stimulate the undertaking of research and investigation in particular areas designed to make further progress possible.

PHARMACEUTICAL INDUSTRY'S CONTRIBUTION TO PUBLIC SERVICE ACTIVITIES

Nearly \$23 million of the income of prescription drug companies and their charitable foundations was spent during 1960 on public service activities, according to a survey report recently published in the U. S. A.

WORLD CONGRESS ON DIABETES IN THE TROPICS

An International Conference on Diabetes in the Tropics will be held in Bombay from 20th to 22nd January, 1966. The deliberations of the Conference will be in English.

The following aspects of Tropical Diabetes will be discussed :

1. Incidence of diabetes, its mortality and morbidity in the tropics.
2. Diabetes in the young
3. Pancreatic diabetes.
4. Diet with particular reference to high carbohydrate content in diabetes in the tropics.
5. Complications of diabetes and their prevention.
6. Management of diabetes in the tropics.
7. Prevention of diabetes.

For further information, please write to the Organising Secretary, World Congress on Diabetes in the Tropics, care Diabetic Association of India, Maneckji Wadia Bldg., Mahatma Gandhi Road, Bombay 1.

CHANGE IN DATES

V World Congress of Cardiology will now be held from Oct. 30, 1966 to Nov. 5, 1966. For further information please write to Secretary General V World congress of cardiology 118, Bangla Sahib Marg, New Delhi, India.

LETTERS TO THE EDITOR. ANNUAL CONFERENCES.

Sir,

Thank you very much for your letter offering me an opportunity to express my views on annual meetings of our Association.

Such meetings no doubt have several advantages such as social intercourse, strengthening the organisation etc., that you have already mentioned. However I feel that scientific part is also a very important one. Every one from the junior most member to the senior veteran should be able to learn a few new things. These programs seem very nice when written on papers. But what does one find in actual practice? Most of the papers are loaded with statistics which are flashed in front of the audience. Only the electronic brain could remember the figures. By the time the speaker comes to the most important part of the discussion, wherein one would expect inter-change of ideas, he is hurried out by the cruel bell of the chairman. Granted, there are exceptions, but a painfully large majority falls in this group.

I would appreciate if the senior and more experienced members of the profession could think of some ways to make these sessions more useful.

Sincerely,
Arvind Lonkar