

Controlling Venereal Disease Through Education

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THE INCIDENCE of gonorrhea and syphilis in the United States has reached such proportions that it is equal to or greater than that of all other reportable communicable diseases among adults. With the exception of childhood diseases, syphilis and gonorrhea constitute 50 percent of all reported communicable diseases (1). Approximately 85,000 persons contract new infections of gonorrhea and 10,000, of syphilis every 30 days (2). According to the Venereal Disease Branch of the Communicable Disease Center, an estimated 1,500 teenagers and young adults under age 24 contract a venereal disease each day. The incidence of congenital syphilis, a completely preventable disease, is also increasing. Between 1960 and 1964 syphilis among children under 1 year of age increased nearly 155 percent (3). These increases have occurred despite the remarkable advances in methods of cure and treatment.

The late President Kennedy, in his February 1962 message on youth, stressed the need for stringent venereal disease control programs and asked that the necessary measures be put into effect. Former Surgeon General Luther L. Terry appointed a task force to take a critical look at syphilis control in the United States and to outline a national program to eradicate syphilis.

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The task force found four particularly disturbing situations.

1. A chain reaction in the spread of syphilis infection existed, especially among teenagers.

2. Many more cases of syphilis existed than were being reported despite the fact that all States have laws requiring physicians to report all cases of syphilis and gonorrhea to the health department.

3. Although techniques of control and therapy were effective and available, they were not being applied widely enough.

4. The present increased spread of syphilis might be still further accelerated unless a vigorous and expanded program of education, prevention, and control was started at once.

The task force committee made broad recommendations concerning finding and treating cases and educating professionals and the public and its leaders. It recommended that an intensified drive be made to reach professional personnel—physicians, nurses, teachers, social workers, ministers, people working in youth groups, and others—through seminars, conferences, workshops, and training courses developed by health departments, universities, colleges, schools, voluntary agencies, and churches (4).

In schools of nursing today, venereal disease information is incorporated in many units of instruction and is no longer taught as a separate course. For example, when a student studies maternal and child health, congenital syphilis and syphilis in pregnancy are included; neurosyphilis is taught with psychiatry; cardio-

vascular syphilis with cardiology; and gonorrhea and its complications with gynecology and urology (5).

In addition to this specific information, the student studies psychology, sociology, psychiatry, anthropology, epidemiology, statistics, and public health. These give her a broad understanding of human nature, health needs of people, and the effect of environment on health and well-being (6).

Although these concepts apparently give the nurse a good background for working in the venereal disease program, the small number of patients with venereal diseases admitted to general hospitals during the last decade did not provide adequate clinical examples. Some educational institutions have recognized this need to provide students with clinical experience in venereal disease treatment. Arrangements have been made with health departments to provide clinical cases for teaching purposes to give students needed experience in a clinic setting. In addition, health department personnel participate in faculty inservice courses and on-the-job training and provide students with up-to-date audiovisual and teaching aids (7).

To get more information about venereal disease to professional groups, the Venereal Disease Branch of the Public Health Service has developed movies, slides, exhibits, literature, and manuals for use in medical and nursing schools.

Whatever a nurse's field may be, she will at times be called upon to assist patients with venereal diseases. To successfully assist, advise, and discuss the epidemiologic and personal consequences of their diseases effectively with patients, the nurse will need sound knowledge of the causative organisms, incubation periods, modes of transmission, methods of diagnosis, and principles of prevention and treatment. She should be aware that venereal diseases, no respecters of persons or social classes, are perpetuated by ignorance and apathy.

Above all, she should not sit in moral judgment of the patient, for the patient's attitude will reflect her own. If the nurse is to be effective, she must be objective. She should also be informed about facilities available for diagnosis and treatment of venereal disease and familiar with provisions for rehabilitation of

those disabled by cardiac involvement, blindness, or paralysis.

With the recent increase of venereal disease in teenagers and young adults, few will question the need for preparing youth to meet this health challenge. Venereal disease outbreaks are not uncommon in junior and senior high schools today. Yet those most susceptible to these diseases are those least equipped to recognize their own need.

Dr. Celia Deschin, in a sociological study of 600 teenagers exposed to venereal infection, found that 90 percent were ignorant of the facts surrounding the cause, spread, identification, and cure of these diseases (8).

During the past year and a half the Venereal Disease Branch of the Public Health Service and numerous State and municipal health departments have made considerable efforts through mass media and formal education channels to awaken the public to the resurgence of venereal disease. The fact that the spread of venereal diseases is almost always related to sex relations has long prevented employment of the usual educational approaches. Positive cures have been developed but are only effective when the individual knows of his need and seeks treatment.

Progress has been noted in the public's awareness. In some localities the junior chambers of commerce have adopted venereal disease education as their health program for the year. The National Congress of Parents and Teachers has formally requested that venereal disease education be introduced in the public school curriculum (7). Attitudes of the general public and school officials have changed, and school authorities are beginning to welcome the opportunity to include instruction about these diseases in their curriculums. In some communities special teacher-orientation workshops are being held, and plans made to introduce venereal disease education into the formal curriculum of elementary and secondary schools (9).

The educational subcommittee of the Public Advisory Committee on Venereal Disease recommended the following: (10)

"VD education should be systematically integrated within the school curriculum wherever it relates reasonably, but it should not be confused with character guidance or counseling. (Seri-

ous thought should be given to the whole field of communicable disease education, and where such subject matter is not already included in the curriculum, every effort should be made to effect its inclusion.)

"VD education per se should consist of presentation of a body of information about syphilis and gonorrhea which may be expected to motivate the recipient as follows:

a. To be sufficiently concerned about the disease to do what he can within the total framework of his own knowledge and behavior to avoid it;

b. If exposed, to recognize the possibility of infection, know what to do about it, and do it;

c. As a responsible member of the community to demand community action to halt its spread.

"VD education should be initiated not later than the seventh grade and continued at least through senior high school. . . .

"VD education training should be done by teaching institutions, with all possible support and stimulation from health departments."

Teachers and school authorities have a great contribution to make toward the eradication of syphilis by preparing the youth to meet this challenge.

Ignorance and misunderstanding concerning the facts about the venereal diseases are still very common, even in educated and enlightened circles. If the present increase in the incidence of venereal diseases is to be successfully overcome it must be done by educating professionals and the public and by employing epidemiologic methods.

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