

## STDs IN TEENAGE GROUP

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**Abstract :** Making the transition from childhood to being healthy sexual adults is one of the major tasks and challenges facing young people. A successful transition implies forming intimate relationships while avoiding the acquisition of sexually transmitted diseases. Yet it is apparent from the current data around the world for a combination of reasons involving biology, psychology, ambient culture, and changing mores, adolescents who have had sexual intercourse have the highest rates of STDs including HIV. Over the years, average age at which young men and women marry has increased, premarital sex has increased, and there is increasing trend to earlier age of sexual debut. In addition, younger age of sexual debut is being associated with a greater number of sexual partners, an important detriment of STD risk. In India too, there is an increasing trend of risk behaviours among adolescents. More and more young people are becoming sexually active in their mid teens. Sexual activity begins as early as from 10 years of age among street boys to mid-and late-teens among boys and girls in both rural as well as in urban areas. Adolescents especially in urban areas have favourable attitudes towards premarital and extramarital sex. A high prevalence of risk behaviours, more or less similar to that of adolescents in other parts of the world, including drug intake, alcohol use, smoking, cannabis and premarital sex have been observed amongst rural and urban male adolescents in North eastern India. Primary prevention of STDs would be ideal. Short of that, prompt diagnosis and treatment are key in the management of these diseases. Abstinence from sexual intercourse is an important behavioural strategy for preventing sexually transmitted infections (STIs), and pregnancy among adolescents.

**Key words:** STDs; teenage; adolescents

### INTRODUCTION

Adolescent period, which corresponds to the age group of 10-15 years and teenage period (13-19 years), is a stage of psychosocial development when the individuals are intensely aware of their physical changes and are emotionally vulnerable.<sup>1</sup> Their psychosocial maturity does not correspond with their physical maturity. STDs are very common in this group.

Making the transition from childhood to being healthy sexual adults is one of the major tasks and challenges facing young people.<sup>2</sup> A successful transition implies forming intimate relationship while avoiding the acquisition of sexually transmitted diseases. Yet it is apparent from the current data around the world for a combination of reasons involving biology, psychology, ambient culture, and changing mores, adolescents who have had sexual intercourse have the highest rate of STDs including HIV.<sup>2</sup> They suffer from the acute manifestations of these diseases as well as complications that place them at risk for some significant long term negative sequelae such as infertility, chronic pelvic pain and cancer.<sup>3</sup> Approximately 80% of college-age adolescents are sexually active and at risk for sexually transmitted infections (STIs) in USA<sup>4</sup>. Over 4 million STIs occur in teenagers annually and young adults between the ages of 18 and 24, while adolescents 15 to 17 years of age have higher rates of STIs than any other age group in the United States.

### DETERMINANTS OF STD/HIV RISK AMONG ADOLESCENTS

Adolescence is a unique time of life, when various factors act in concert to increase the likelihood of STD acquisition<sup>2</sup>.

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**Biological factors** The persistence of cervical columnar epithelium in young women appears to significantly increase their vulnerability to STDs<sup>2</sup>. Although, cervical columnar epithelium eventually recedes completely, to be replaced with squamous epithelium, this replacement is a gradual process continuing well into adulthood. Typically, the cervix in adolescent still displays areas of exposed columnar epithelium, a condition often referred to as ectopy. This is significant because it appears to increase the risk of chlamydial infection and Neisseria gonorrhoeae infection. In addition, there is growing evidence that ectopy may contribute to HIV acquisition and HIV shedding.

The vaginal flora also changes during puberty<sup>2</sup>. The appearance of Lactobacillus spp. results in reduction of the high vaginal pH levels of childhood to more acidic pH associated with adulthood. Mucus production is greatly increased in puberty, but the mucous is thinner than found in older adolescents or adult women. Thinner mucus may permit organisms to penetrate more easily.

**Psychological and cognitive development** Younger adolescents frequently use a concrete style of reasoning, focusing on the present time, and are unable to conceptualize the long terms impact that current actions may have until they reach middle or late adolescence<sup>2</sup>. Since some STDs (for example, HIV or Chlamydia) may have adverse effects that are not experienced for a decade or more, it should not be surprising that younger adolescents may not take actions needed to avoid such consequences. For this reason, adults may use indirect methods of educating or rely on scare tactics rather than skills training in STD prevention programme<sup>2</sup>.

Another factor that has an impact on STD risk is substance use, in particular drugs and alcohol<sup>3</sup>. Risk taking behaviours tend to cluster together and adolescents who are sexually active are also more likely to be abusing drugs and alcohol. These substances