

and young adults, although prevalence rates generally increase with age and cumulative sexual experience. In young adults, herpes simplex virus 1 (HSV-1) infection is becoming a more common cause of genital herpes. Reasons for this trend include changing sexual practices, notably oral-genital exposure and the use of condoms for intercourse. Important implications of having genital herpes include the risk of transmission to sexual partners and the increase risk of acquiring and transmitting HIV. Genital herpes infections are often unrecognized, and transmission to uninfected partners is likely to occur during asymptomatic shedding. A diagnosis of herpes may also affect psychosexual development, particularly in adolescents⁷.

A higher incidence of gonorrhoea, chlamydial infection and genital warts was observed among teenage population in a study from Thames, England⁸. A study conducted in Atlanta, USA, to assess the prevalence of STD in the homeless adolescent population, revealed higher incidence among females (16.7%) than males (9.8%), the prevalence of *C. trachomatis* infection being 10.5%, 18.2% for HSV-2, 3.6% for HBV, 5% for HCV and 0.3% for HIV infection⁹. The HPV infection rates in the sexually active adolescent and teenage girls in the United States have been reported to range from 19% to 30%¹⁰. In a study from Agra, India, in 1987, syphilis among teenagers was observed in 44% of cases, chancroid in 18%, genital warts in 14%, gonorrhoea in 10%, herpes simplex infection in 8%, and lymphogranuloma venereum and non specific urethritis in 2% case each¹¹. In India, currently, bacterial STDs like chancroid and gonorrhoea are showing a declining trend, but the viral STDs like herpes genitalis and condyloma acuminatum are showing upward trend¹².

PREVENTION OF STDs

Primary prevention of STDs would be ideal³. 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 human immunodeficiency virus (HIV), other sexually transmitted infections (STIs), and pregnancy among adolescents¹³. Many adolescents, including younger adolescents, have not initiated sexual intercourse and many sexually experienced adolescents and young adults are abstinent for varying periods of time. There is broad support for abstinence as a necessary and appropriate part of sexuality education. Controversy arises when abstinence is provided to adolescents as a sole choice and where health information on other choices is restricted or misrepresented. Although abstinence is theoretically full effective, in actual practice abstinence often fails to protect against pregnancy and STDs. Few Americans remain abstinent

until marriage; many do not or cannot marry, and most initiate sexual intercourse and other sexual behaviours as adolescents. Although abstinence is a healthy behavioural option for teens, abstinence as a sole option for adolescents is scientifically and ethically problematic.

CONCLUSION

STDs are a major concern for the sexually active adolescents³. Sexual education is key to ensuring that adolescents have the correct information on these diseases. It has been shown that sex education does not cause adolescents to become sexually active. Actually, it may lead to delay in onset of sexual activity. Adolescents who are given comprehensive information, which includes abstinence messages as well as information on use of condoms and other methods of contraception, are more likely to protect themselves if they become sexually active. Intervention with adolescents needs to address more than just knowledge. It is essential to include interactive teaching methods, practicing techniques of proper condom usage and partner negotiation and communication, and reinforcement of individual as well as group values. Adolescents need to become familiar with the clinical services available to them for STD related care and clinicians must become more creative in reaching out to adolescents in less traditional settings³.

REFERENCES

1. Sharma VK, Khandpur S. Epidemiology of sexually transmitted diseases, In: Sharma VK, editor, *Sexually Transmitted Diseases and AIDS* New Delhi: Viva Books Private Limited 2003:3-41.
2. Berman SM, Hein K. Adolescents and STDs, In: Holmes KK, Mardh PA, Sparling PF, Lemon SM, Stamm WE, Piot P, Wasserheit JN, editors, *Sexually Transmitted Diseases*, 3rd edn.; New York: Mc Graw-Hill Health Division, 1999; 129-142.
3. Braverman PK. Sexually transmitted diseases in adolescents. *Medical Clinics of North America* 2000;84:869-889.
4. Rimsza ME. Sexually transmitted infections: new guidelines for an old problem on the college campus. *Pediatr Clin North Am* 2005;52(1):217-28.x.
5. Tripathi BM, Malhotra S. Sexual behaviour and sexually transmitted diseases, In: Sharma VK, editor, *Sexually Transmitted Diseases and AIDS*, New Delhi: Viva Books Private Limited 2003: 431-443.
6. Risser WL, Bortot AT, Benjamins LJ, Feldmann JM, Barratt MS, Eissa MA, Risser JM. The epidemiology of sexually transmitted infections in adolescents. *Semin Pediatr Infect Dis* 2005 ;16(3):160-7.
7. Roberts C. Genital herpes in young adults: changing sexual behaviours, epidemiology and management. *Herpes* 2005;12(1):10-4.
8. Hughes G, Simms I, Rogers PA, Swan AV, Catchpole M. New caeser seen at genitourinary medicine clinics: England 1997. *Commun Dis Rep CDR (Suppl)* 1998;8:S1-11.)
9. Noell J, Rohde P, Ochs L, Yovanoff P, Alter MJ, Schmind S, Bullard J, Black C. Incidence and prevalence of Chlamydia, herpes and viral hepatitis in a homeless adolescent population. *Sex Transm Dis* 2001; 28:4-10.
10. Moscicki AB, Palefsky J, Gonzales J, Schoolnik GK. Human papillomavirus infection in sexually active females: prevalence and risk factors. *Pediatr Res* 1990;28:507-513.
11. Sharma RP, Dhir GG. Sexually transmitted diseases in teenagers. *Indian J Sex Transm Dis* 1987;8:51-52.
12. Narayanan BA. Retrospective study of the pattern of sexually transmitted disease during a ten-year period. *Indian J Dermatol Venereol Leprol* 2005;71:333-337.
13. Santelli J, Ott MA, Lyon M, Rogers J, Summers D, Schleifer R. Abstinence and abstinence-only education: a review of U.S. policies and programs. *J Adolesc Health* 2006;38(1):72-81.

Future Special Issues/ Symposia

Special Issues :

- New Developments in Laproscopic Surgery
- Challenges of Diabetes in the Developing World
- Organ Transplantation: Current Scenario
- Advances in Neuro Surgery
- Obesity: New Challenges

Symposia :

- Prevention of Chronic Kidney Disease
- Advances in surgical Oncology
- Metabolic Bone Disease : An update
- Advances in Endourology