



BEHAVIOURAL DIAGNOSIS AND EDUCATIONAL TREATMENT^a

INDEXED

Some notes on the control of Venereal Diseases

by

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1. DEFINITION OF HEALTH EDUCATION

Health Education is that part of medicine, public health and general education concerned with the interpretation and use of scientific knowledge by individuals and communities. The term embraces a state of health consciousness, a process of learning and teaching and a relationship between laymen and health workers.

Health consciousness is the product of people's customs, experience and values. It is expressed in their levels of recognition and awareness; knowledge and belief; attitude and expectation; behaviour and skill regarding matters of personal and social health.

Learning and teaching about health are processes which go on unconsciously during the transmission of tradition, beliefs and customs, and consciously through the study of health and the experience of choice and action. They take place between individuals, and in the family, the school, the workplace and in the community; also through the legislation, services and educational activities of official, professional and voluntary agencies.

Human relations in the educational process are the interactions between laymen and professional workers. They are manifest in the quantity and quality of consultation, co-operation and joint responsibility in solving personal and public health problems.

2. THE PROBLEM AND THE PARADOX

The treatment of gonorrhoea and syphilis is effective and quick but in spite of this, the incidence of both diseases appears to have increased in all countries in recent years - and particularly among youth.^{1,2,3} This paradoxical situation is probably real but may be partly the result of improved statistics in one of epidemiology's most difficult areas. Schofield⁴ in his study of sexual behaviour in England casts doubt on the theory that promiscuity has increased to any significant extent in recent years. Whatever the real situation, two things seem clear: there is still much we need to know about the epidemiology of syphilis and gonorrhoea⁵ and new approaches are required if the effective use of modern treatment is to be matched by corresponding epidemiological success. We have all been aware for many years of the socio-economic influences in the VD problem but practice has only dimly reflected this awareness.

A review of the literature is not encouraging, but does force on us the conclusion that rather than blame health education for its failures, we should admit that in spite of much lip service, it has hardly been tried.

The present generation of young people and, to a great extent, their parents, have had very little opportunity to learn, discuss and form attitudes which would protect them from VD. Even in those enlightened programmes of sex and family life education which grew up in many countries, VD was often ignored as it was considered to cast an ugly shadow over an already difficult subject and few teachers felt competent or inclined to deal with it. Unlike other diseases, the public does not have the opportunity to learn from popular literature or drama. Heroes and, even villains, never suffer from VD, while whole novels and operas have been written about tuberculosis. Celia Deschin⁶ found that only 10 per cent. of teenagers in New York had a good knowledge of VD. In addition, they have experienced many social forces such as broken family life, migration, affluence, unemployment and isolation, which put severe strains on their psychological stability. Juhlin⁷ gives a similar picture from Sweden.

Luther Terry, Surgeon-General of the United States of America in 1962, is reported as stating that sex education is forbidden by law in 10 out of 16 large cities with 40 per cent. of all reported VD cases.⁸