STDs, AIDS & Sex Education

Psychology of Human Sexuality
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Sociological Factors

- **Socioeconomic class**: STD infections more common in lower socioeconomic status individuals. Why? Perhaps they are less knowledgeable, perhaps because of less access to health care (more than 20% don’t have health insurance).

- **Age**: the average age for a person with gonorrhea, syphilis, etc., is usually in the teens or early 20s. Why? Greatest number of partners, shortest relationships (and knowing each other less well).

- **Ethnicity**: since the start of the AIDS epidemic there have been about twice as many Latino and African American individuals infected as one would expect from their percentage of the population. Racism and discrimination? Economic problems?
Gender: route of transmission varies. Men frequently get HIV by having sex with other men (whether they self-identify as gay or not, and many do not) or through IV drug use. Women usually get HIV by having unprotected sex with a male partner. (HIV among lesbians is almost nonexistent). African American women are especially hard hit by a combination of heterosexual partner sex and IV drug use. Other STDs are usually transmitted heterosexually simply because the vast majority of people are heterosexual.

Region: Africa is by far the hardest hit continent in terms of AIDS. Difficulties include cost of medical care, resistance to sex education, and disputes (in South Africa) as to whether the HIV virus was actually the cause of AIDS. In the U.S. region of the country is not as important though center city areas of large cities (such as DC in our region) have the highest infection rates (both AIDS and other STDs).
STD Treatments

- As you may remember from your reading, the treatment for gonorrhea, syphilis, and other **bacterial diseases** is antibiotics. While there are some treatment resistant strains, most can be cured with familiar drugs such as penicillin or amoxicillin.

- **Viral diseases** are the “gifts that keep on giving”. While some viral infections clear (as in some hepatitis cases), others do not. In the case of herpes it’s because the virus hides out around somatic nerves. Outbreaks can be made rarer and less severe through treatment with acyclovir (an ointment) and/or laser surgery. The HIV virus can hide out inside white blood cells or in the central nervous system, so that the immune system can’t eliminate it entirely. It also reduces the number of t cells, thus compromising the immune system.
AIDS Treatment

- The first successful category of treatment was the retrovirals, which includes drugs such as AZT. These were discovered in the 1980s and are still widely used.

- The second successful category of treatment is the protease inhibitors, which includes drugs such as indinavir. They were discovered in the 1990s.

- Using 3 or more HIV drugs drawing from both category is the most successful approach. It’s “everyday name” is cocktail treatment, since a cocktail is mixture (e.g., gin & tonic). It’s technical name is highly active antiretroviral therapy (HAART therapy). This is the treatment standard today in the U.S.
Prevalence

- If we have treatments for all STDs, and cures for some, why do STDs remain such a big problem in America?
- The simplest solution, condom use, is not universal for reasons of inconvenience, concerns about reduced sensation, or religious objections (the Catholic Church, for instance, does not endorse contraceptive techniques except for the rhythm method).
- STDs can be symptom-less for long periods of time. Thus the person who doesn’t know he (or she) is infected can pass it on to another, who passes it on to another, etc. Women are substantially more likely to have an unknown infection.
International

- How does the U.S. stack up to the rest of the world? Not very favorably, I’m afraid. Compared to other industrialized nations we have substantially higher STD rates. We also have higher teen pregnancy and abortion rates. The consensus among authorities studying these factors is that it’s differences in sex education. Most European countries do a much more thorough job of educating kids about sex, and generally take the point of view that you can’t prevent kids from having sex, so you might as well give them all the information they need to avoid disease and pregnancy. This approach is called comprehensive sex education.
Sex Education

- While some U.S. schools offer comprehensive sex education, large numbers of school districts (and some entire states, such as Texas) instead offer *abstinence only* or *abstinence plus* sex education.

- **Abstinence only** education takes the philosophy that you shouldn’t talk about contraception or safe sex because kids only need that knowledge if they’re going to be sexually active, which should be rigorously discouraged by all authorities, including the school. The only acceptable type of sex in this approach is between a husband and wife.

- **Abstinence plus** is the in-between model, offering strong encouragement for chastity but including safe sex and contraception information for kids who don’t wait till marriage.
Because of strong support from the federal government and its funding, most American schools now offer abstinence only or abstinence plus. Organizations such as Planned Parenthood see this as a catastrophe, since kids may not be getting the information they need to protect themselves. Conservative organizations instead see abstinence only education as supporting sexual morality, the family, and the church. Abstinence only presents the viewpoint that the only “OK” sex is within marriage. Singles and gays are thus expected to be celibate.
STD Miscellaneous

- Which are the most common STDs in America today, in terms of the number of new cases every year? See your chapter.
- Many teens think that oral sex is safe—is it? See p. 498.
- Which STD can lead to cancer of the cervix, anus, or penis?
- There are a few parasitic infections including pubic lice and scabies. These can be treated with topical creams or shampoos.
- What population group has the fastest growing HIV+ rate in the U.S.? See p. 518.
Are STDs Sexist?

- I call STDs **sexist** because they affect men and women differently, and impact women more strongly.
- The tissues of the vagina are more delicate than the skin covering the penis, so penile thrusting is more likely to create tiny tears, allowing viruses and bacteria an entrance route.
- Women are more likely to be **asymptomatic**, in part because most of their genital anatomy is internal. A man with a sore on the top of his penis could hardly miss it, whereas one at the top of a vagina would only be detected if you were looking for it with a mirror.
- As a consequence, women are more likely to be infected longer, with more serious effects, including a greater likelihood of becoming sterile.