
Topic:	Finding solutions for better sexual education especially in LEDCs in order to prevent Sexually Transmitted Diseases (STD)
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1. Description of the problem/ Background information

Since the 1980's AIDS epidemic the world has been aware of just how dangerous sexually transmitted diseases and infections are (STDs/STIs). Therefore it is vital that they be prevented, cured and eradicated. However, not everyone is capable of doing so. The global burden of STDs is carried, mainly by less developed countries, where the infected or ill lack access to proper medical care and cures.

Usually these diseases hit the most vulnerable part of the population, being women, children, homosexual men and youth. And in areas like the Sub-Saharan Africa, which is responsible for 11 to 35% of all cases of curable STDs, the second leading cause of morbidity and mortality amongst women age 15 to 44, are STDs – only exceeded by maternal causes.

There are 8 main infections, which are defined as STDs. These are: Syphilis, gonorrhea, chlamydia, trichomoniasis, genital herpes, hepatitis B virus (HBV) and human papillomavirus (HPV). Most of these are “silent diseases” meaning they show no major symptoms and are therefore easy to oversee. This is a large problem considering that many of these infections – if left on treated – can lead to infertility and other serious or fatal health issues.

STDs in numbers (worldwide)

- **1 million** people get an STD everyday
- **530 million** people have genital herpes
- **290 million** women have human papillomavirus (HPV)
- **530.000** women get cervical cancer from HPV each year
- **275.000** women die from cervical cancer within a year of getting HPV
- **1.34 million** people died from AIDS in 2013

It is very problematic that the numbers mentioned in the above fact box are so large, considering that four out of eight main STDs are curable and that almost all cases of STDs could have been prevented. These four curable STDs (chlamydia, syphilis, gonorrhea, and

trichomoniasis) are also the easiest to diagnose, however many people – especially in LECDs – never get the diagnosis and are therefore never treated. This needs to be resolved as almost all cases of STD increase the risk of developing HIV by three times, cause permanent infertility (in both men and women) and can lead to other pelvic inflammatory diseases.

Besides lack of access to cures and vaccines, the social mentality regarding STDs is a big issue. Many people refrain from getting help due to the humiliation and judgment they face when being infected with an STD virus. Many times this form of judgment starts in a form of religious or moral justification, which gives people the impression that having an STD is wrong and makes them less of a person. Addressing this problem is tricky because it is

people's mentality and culture which needs remodeling. Because of these challenges, this problem is often ignored when trying to solve the STD problem, but no matter what initiatives are made and how much money is poured into solutions, it will never matter if people cannot feel safe to go get a test, shot or cure.

Estimated new cases of curable sexually transmitted infections (gonorrhoea, chlamydia, syphilis and trichomoniasis) by WHO region, 2008



2. Definition of important key terms

Sexually transmitted diseases (STDs)

Types of STDs:

Syphilis,
Gonorrhoea,
Chlamydia,
Trichomoniasis,
Genital herpes,
Hepatitis B virus (HBV),
Human papillomavirus (HPV)

The term Sexually Transmitted Disease is used all the way throughout this report, to describe sexually transmitted diseases and infections. However, sexual diseases and infections can be separated as two. For example: A person will be infected with gonorrhoea – an STD – and this infection will then cause the person to get a disease, that being cervicitis.

More than 30 different bacteria, viruses and parasites cause STDs. These are most commonly spread through sexual contact, including

vaginal, anal and oral sex. However, this isn't the only way. Some STDs also spread through skin-to-skin contact, blood product, tissue transfer and some even from mother to child through pregnancy and childbirth.

Sexual Education

Sexual education, commonly known as “sex ed”, is the process of learning and acquiring knowledge about sex, sexual identity, relationships, intimacy and health hazards associated with sexual activity. Besides being informative, sexual education is also about developing young people's skills so that they make informed choices about their behavior, and feel confident about acting on these choices in a competent way. And, as a bonus, young people who have received proper sexual education have a more positive and pleasant sexual debut and therefore a more positive and pleasant sex life.

In today's modern world it is commonly accepted that all young people have the right to and need to have sexual education so they can protect themselves from abuse, exploitation, unintended pregnancies, STDs, HIV and AIDS. However, not all nations and/or cultures believe that sexual education is needed or necessary. It is in those cultures that we see the largest number of unintended pregnancies, STDs and abuse.

Over the last decades sexual education has been more and more accepted and has been introduced in many – especially western – high school curriculums. But what makes for effective sexual education? As defined by WHO and UNAIDS a student which has received a full curriculum in sexual education should know how to practice safe sex and what is risked if such sex is not practiced. Have a better idea of what sexual identity is and what his or her sexual orientation is. Be able to recognize pressure from other people and to resist it. And, the student should be able to seek help from an adult in case he or she finds himself in an unwanted sexual situation. This can be anything from unwanted pregnancy to abuse.

As mentioned earlier, sexual education is very important, and therefore it is vital that the teacher of such a class is fully equipped and prepared for how young people best receive and understand this information. But, it is also important that the teacher does not let any personal opinions and/or stands get in the way of an effective sex class. These opinions may be anything from strong stands on abortion, sex before marriage, homosexuality and/or contraception and birth control. It is vital that any teacher teaching sexual education, remain neutral, but informative, and let the young people shape their own opinions.

Contraception & Birth control

As defined by the American dictionary, contraception is: *“Intentional prevention of ovulation, fertilization of an egg cell, or implantation of a fertilized egg in the uterine wall through the use of various drugs, devices, sexual practices, or surgical procedures”*.

Effective birth control is critical in reducing the risk of unintended pregnancy and the contraception form of a condom has also proven to reduce and/or minimize the chances of getting an STD. However, either of these things can only be obtained when using the chosen prevention form correctly.

Human Immunodeficiency Virus Infection (HIV)/ Acquired Immune Deficiency Syndrome (AIDS)

Are both conditions, which appear when Human Immunodeficiency Virus (HIV) infects a person. When first infected the person experiences influenza-like symptoms, followed by a long period of no symptoms. As the disease develops it breaks the immune system further and further down, making the person much more vulnerable to other diseases such as tuberculosis, infections and tumors. In the end, the infection progresses into Acquired Immune Deficiency Syndrome (AIDS), which is often accompanied by pneumonia, weightless, cancer and/ or other AIDS defined conditions.

HIV is transferred and spread through all kinds of sexual intercourse (vaginal, oral and anal), blood transfusions, hypodermic needles and from mother to child during pregnancy. Common and frequently used HIV/AIDS prevention programs focus on encouraging safe sex, setting up needle exchange programs and treating those who are infected. There is no cure for either HIV or AIDS, however, antiretroviral treatment can slow the progression of the disease so much that an infected can live out almost a full life expectancy. Which is significant as a person without treatment can expect to live between nine and eleven years.

UNAIDS

UNAIDS is the joint United Nations program on HIV and AIDS. It is sponsored and run by the United Nations, UNICEF, UNDP, UNFPA; UNESCO, WHO and the World Bank. UNAIDS mainly focus on strengthening, influencing and exerting leverage on the United Nations system. Particularly on helping countries respond effectively to the epidemic of AIDS.



World Health Organization (WHO)

The World Health Organization is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, and is headquartered in Geneva, Switzerland. Since its creation, the WHO has played a leading role in the eradication of smallpox. Its current priorities include communicable diseases, in particular **HIV/AIDS**, Ebola, malaria and tuberculosis; the mitigation of the effects of non-communicable diseases; **sexual and reproductive health**, development, and aging; nutrition, food security and healthy eating; occupational health; substance abuse; and driving the development of reporting, publications, and networking.

3. List of relevant solutions

I. Making sure young people receive Sex Education

As already emphasized in this report, sexual education is one of the most important things, when preventing the spread and acquisition of STDs. Young people need to have information on sexual development and reproduction, contraception and birth control, relationships and sexuality before making their sexual debut.

One way of making sure this is accomplished is by introducing sexual education in schools and national/local curriculums. Formal programs which cover all of the above mentioned areas, have proven to increase young peoples knowledge about sex and sexuality, push back the average age for young peoples sexual debut and decrease risk of safety hassards when having sex.

II. Making clinical testing, vaccines and cures more accessible

Lack of access to and resources for health care and treatment contribute to the growing STD epidemic. As individuals remain untreated the potential to spread their infection grows and they become more vulnerable to long term complications. Therefore immediate identification and treatment of STDs remains one of the most important steps in creating STD control.

A simple thing like an effective, inexpensive HPV vaccine is capable of eliminating cervical cancer, which many women get after having been infected with the HPV virus. But although these cheap vaccines are now widely available they're still not included in the infant immunization programs of the most affected countries. The same goes for the HBV vaccine, which many countries fail to offer young men and women without overcharging them. Changing this will decrease the cases of HBV and HPV massively and save tons of reproductive active women (age 15 – 45) who would otherwise suffer from HPV.

Table 2: Estimates of annual cases of new infections with curable STDs (excluding chancroid) in the 15-49 years age group worldwide, 1995

Region	Total new cases/year (x 1000)	Incidence/1000 15-49 year old
North America	14 000	91
Latin America and the Caribbean	36 000	145
Western Europe	16 000	77
Eastern Europe and central Asia	18 000	112
East Asia and the Pacific	23 000	28
South and south-east Asia	150 000	160
Australasia	1 000	91
North Africa and the Middle East	10 000	60
Sub-Saharan Africa	65 000	254
Total	333 000	113

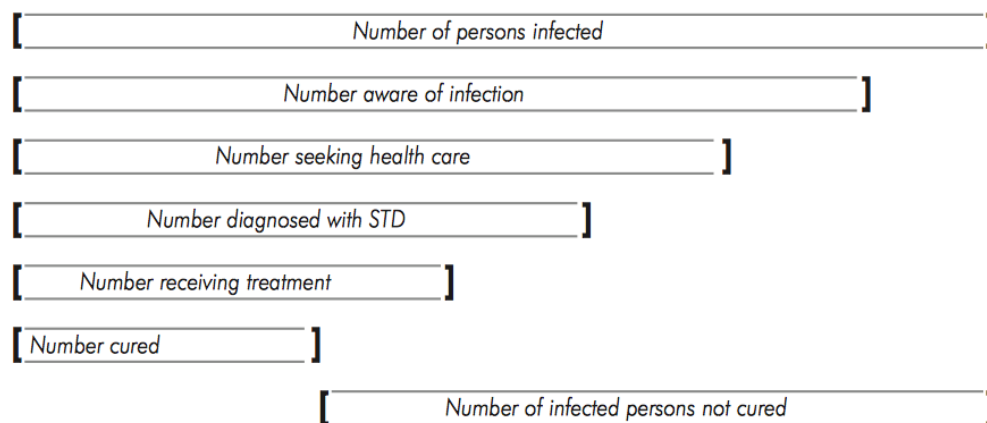
Other things, which can be done to prevent the spread of STDs is introducing worldwide screening of pregnant women, in order to stop the passing from mother to child. Better and more frequent test of high risk groups – mainly sex workers – has also been suggested in order to stop the spread to client of sex workers and whomever they may interact with.

III. Improving ways of rapid and accurate diagnosis

In association with the above suggesting, improvement of STDs recognizing tests and vaccines is vital. The only inexpensive, rapid blood test currently available for diagnosing an STD is the blood test for syphilis. In low-income countries this test is barely used, which ought to be changed as it provides an accurate result in 15-20 minutes. Alongside with being quick and accurate, this test has proven to limit the number of pregnant women suffering from syphilis. However, syphilis still causes 305.000 fetal and neonatal deaths every year and leaves 215.000 infants at increased risk of dying from prematurity, low birth-weight and /or congenital disease.

Several other rapid tests for other STDs are under development and have the potential to improve STD diagnosis and treatment, especially in resource-limited settings. Supporting these is very important as immediate diagnosis leads to immediate treatment and thereby limits the number of infected.

Fig. 1. Loss of individuals at selected steps between infection and cure



Note: The ratio of cured to non-cured persons will vary from place to place according to the actions taken by the individual or by the health care service at each step.

IV. Making birth control and contraception more accessible

Using contraception and birth control is the oldest, safest and most efficient way to prevent STD infections. Obviously, curing and treating STDs needs to be easy and quick, but the real success in stopping the spread of STDs is from preventing people

from getting them in the first place. In a proper sexual education course young people will be taught about contraception and how to use these, however, if getting their hands on contraception is close to impossible, it won't matter. Therefore it is important to make contraception and birth control accessible and cheap so that price or lack of access won't be an excuse to not use them.

V. Changing the social view on STDs

In many cultures having an STD is considered bad, degrading and amoral, which causes many people to refrain from seeking treatment. This needs to be changed so that as many people as possible can be treated. One way to do this is in the above-mentioned sexual education. If people are introduced to the subject and talk openly about it with teachers, mentors or parents, the topic loses its taboo and people no longer need to feel ashamed.

Another way of relieving the uncomfortable feeling of visiting the doctor to have a test done and thereby meet his or her judgmental look and comments is through the STD recognizing condom, which British middle school students recently suggested. By recognizing the bacteria or virus the condom changes color thereby informing the person wearing the condom of their infection and leading them to treat help quickly and quietly.

4. **Helpful Links**

The most recent UNAIDS report on STDs and prevention

This report provides an overview of how

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/publications/irc-pub04/una97-6_en.pdf

Avert HIV and AIDS fund – Sex Education

This page will provide answers to a long list of questions regarding sexual education

<http://www.avert.org/sex-education-works.htm>

WHO – STDs in Less Developed Countries

This page provides a statistical overview of STDs in the world and LEDC.

<http://www.who.int/mediacentre/factsheets/fs110/en/>

UNAIDS – regional/country overview

This page provides an overview of STDs in different regions (mainly AIDS)

<http://www.unaids.org/en/regionscountries/regions>

This page provides an overview of your country's situation with STDs (mainly AIDS)

<http://www.unaids.org/en/regionscountries/countries>

5. How to prepare as a delegate

Before showing up at the conference you should have read this research report, as well as conducted your own research as to what your country's opinion on STDs and sexual education is. Make sure you can answer the following questions:

- What is my country's sexual education policy?
- What kinds of testing and treatment does my country provide?
- Is my country currently developing and/or researching STD testing, cures or vaccines?
- Does my country support sexual education or STD testing in low income countries?

6. Sources

<http://www.avert.org/sex-education-works.htm>

<http://www.who.int/mediacentre/factsheets/fs110/en/>

<http://www.unaids.org/en/regionscountries/regions>

http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/publications/irc-pub04/una97-6_en.pdf