Changing Sexual Habits Of Young People In The UK And The Associated Risks As Driven By Social Media.

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ABSTRACT

I hypothesized that a dramatic rise in incidence of sexually transmitted infections amongst young people in the United Kingdom may, in part be due to information publicised on social media. My proposition involves employing the vast advertising power of social media sited in order to raise awareness of sexual transmitted infections, improving the wellbeing of the countries young people and reducing the strain on the NHS. In order to demonstrate the need for such measures, I conducted a survey of one hundred young people regarding the general perception of sexually transmitted infections.

INTRODUCTION

Irrespective of one’s personal opinions about Facebook, Twitter or a range of other social networking sites, the internet-driven social sphere is expanding exponentially, with the number of users of Facebook in the UK exceeding 27 million in 2011, a figure which represents over half of the total population of the country. Of these 50% log on daily¹ making Facebook the second most visited website in the country after Google. With such vast numbers of people visiting every day, Facebook has become a global advertising platform with annual advertising revenues being in excess of 1 billion dollars a year.³ Advertisement on social media has a high success rate with 92% of consumers worldwide⁴ saying that they trust information published on these sites, whether that be in the form of advertisement or personal publication. A further 40%⁴ state that they would be likely to act upon the information received. In short, this implies that information publicised on social media is likely to have a significant effect on consumer opinions particularly with younger people who are more susceptible to pressures exerted by this medium. There is a particular risk to young people and both corporations and individuals should act responsibly when publishing information on social networks.

I hypothesised that the significant rise in sexually transmitted infections (STI’s) may be in part due to information viewed on social media but that, if used correctly, social networks may be a valuable platform for fighting the spread of STI’s in young people. In order to demonstrate the need for better awareness, I conducted a study using SurveyMonkey in which I questioned a sample of one hundred young people, residing throughout the United Kingdom to see how aware they were of a range of STI’s (See section 1.2.) The measures which I propose draw on the vast audience and advertising power of Facebook and other social media sites to raise awareness of the symptoms of the most common STI’s. Early detection and diagnosis by medical professionals will lead to a reduction in fatalities from sexually transmitted infections and a fall in the cost to the NHS from these cases.

DISCUSSION

During late December 2013 and early January 2014, I conducted a study in which I questioned a group of one hundred students in different parts of the UK aged between 15 and 30 with regards to their awareness of a range of STI’s. I suggested that insufficient sexual awareness education in both teaching establishments and the home was resulting in a youth culture in which comprehensive knowledge of sexually transmitted infections is uncommon. Within the survey, six questions were asked, each following the general template:

“How accurately could you recognise the symptoms of (Given sexually transmitted infection) with 1 being not at all and 5 being extremely well?”

The survey was anonymous in an attempt to encourage open and honest responses.
The results of the study suggested that one STI, namely herpes, stood out as being widely recognised, perhaps due to its characteristic painful red blisters that burst to leave open sores on or around the genitals.

As shown in figure 1, just over 70% of respondents rated their ability to recognise genital herpes as a 3 (satisfactory) or greater. In Great Britain there were 30,126 new cases diagnosed in 2009 making it the most common STI in the UK, a 5% rise over 2008. This is largely attributed to the increasingly common practice of oral sex accompanied by a decrease in the immunity of young people to the HSV-1 virus, one of two strains responsible for the condition. Herpes – both genital and oral is highly contagious when sores are present and even more so when sores are open. As such, herpes spreads rapidly, resulting in the high incidence of the infection.

The heightened awareness of genital herpes was the exception with many of the other more serious conditions being far less accurately recognised by the respondents to my survey. The least known of the six conditions was syphilis, a comparatively rare infection, yet one which has seen a sharp rise in recent decades.
As shown in figure 2 (above,) awareness of the symptoms of syphilis is extremely poor with 65% of people having very little or no knowledge of the condition (a perceived score of 2 or less). Syphilis manifests itself in three stages, the primary and secondary occurring within weeks or months of contraction. The primary infection presents itself as a small, painless lump located on the part of the body where the infection was initially contracted, typically the genitals, anus or lips. This lump recedes after approximately a week followed by the secondary infection which presents itself as headaches, rashes on the palms of the hands and soles of the feet, swelling of the lymph glands and fever. When identified during these initial stages, the infection is easily treated with a single injection of penicillin. If, however, the infection is allowed to progress into its latent phase and on into the tertiary phase, which may not present itself until as many as 45 years later, severe complications are likely to arise.

Tertiary syphilis is a severe, often life threatening condition with potential symptoms including stroke, paralysis, blindness, deafness or severe physical disfigurement which in extreme cases may manifest itself in the facial or cranial region. Two late-phase examples of physical disfigurement can be seen in figure 3 below.
Whilst it is theoretically possible to treat tertiary syphilis with antibiotics, in the vast majority of cases, damage to the central nervous or cardiovascular systems is too advanced by the time diagnosis is made for treatment to be particularly effective. It is widely accepted that the prognosis for patients with tertiary syphilis is extremely poor. This is mainly due to the catastrophic damage which typically extend to various systems within the body.

Syphilis, largely due to the ease of treatment during early stages, is an excellent example of a condition which requires a more extensive public awareness than other STI's. With increased awareness I believe that many needless syphilis related deaths could be prevented at minimal cost to the NHS, an outcome which could be achieved by implementing the measures proposed in within this paper.

Another condition with very low awareness rates was chlamydia. In South Wales, one of the primary areas of my study, there is a particularly high incidence of the condition with Newport and Swansea being hot spots.
As shown in figure 4, above, of the individuals surveyed, almost 60% had very little or no knowledge of the symptoms of the condition (a perceived score of 2 or less) perhaps because of the fact that in 70 – 80% of women and almost 50% of men, the infection is initially without symptoms. Nevertheless the condition has a number of serious side effects. In women, if left untreated, the infection may spread to the womb, causing pelvic inflammatory disease, resulting in a high rate of infertility. Where conception does occur the disease can be passed on to infants during child birth. Failure to treat the condition early in men may lead to a number of conditions such as orchitis (painful swelling of the testicles), acute reactive arthritis (swelling of the joints) and in a small number of cases, infertility. It is also possible to contract chlamydia in the eyes causing conjunctivitis (an infection of the conjunctiva) resulting in extremely itchy eyes with yellow or creamy discharge. The anus may also be infected producing swelling, pain, irritation and a discharge similar to that which characterises conjunctivitis.

When symptoms do present for chlamydia, women commonly experience pain whilst urinating, bleeding between periods and unusually heavy flow during menstruation. Men also experience a similar burning sensation during urination, often accompanied by a white, cloudy or colourless discharge from the tip of the penis. Associated with this discharge is often an aching pain in the testicles.

Chlamydia is easily tested for with either a urine test or a swab test, both of which have an accuracy of between 90 and 95% and can be carried out at any sexual health clinic. Following a positive chlamydia test, a course of antibiotics (either azithromycin or doxycycline) is prescribed which, in a vast majority of cases eliminates the infection within two weeks, assuming the course is completed properly.

The final condition which I will analyse in detail is HIV/AIDS. Knowledge of the dangers of both human immuno-deficiency virus and acquired immune deficiency syndrome amongst the general public is the highest of any STI, largely due to a number of high profile cases such as the death of Freddie Mercury in 1991. In addition to this, there are a number of charities operating within the UK specifically focussed on improving conditions of sufferers of the condition including the National AIDS Trust. HIV, like syphilis, was another condition where the specific symptoms were little known - see figure 5 below.
A considerable majority of the respondents, 60%, had very little or no awareness of what is possibly the most serious STI in my study. There is still a belief that knowing the symptoms of HIV is of less value than an awareness of other STIs, based on the perception that a positive HIV diagnosis is a death sentence. Whilst this may have been the case a number of years ago it is no longer true due to advances in medicine.

HIV is a lentivirus (a slowly replicating retrovirus) which infects white blood cells that are vital to the human immune system which include helper T cells, T killer cells, macrophages and dendritic cells. These cells are killed by the virus, slowly reducing the body’s ability to respond to infection. Due to the virus residing within the body’s own cells, the immune system is unable to recognise and kill it under normal circumstances, causing the immune system to slowly shut down. Ultimately even minor infections such as flu or the common cold are potentially fatal to the infected individual. HIV does not in itself kill individuals but rather they die because their immune system has been severely compromised by the HIV virus and they can no longer fight off normally curable infections.

An early awareness of having come into contact with the virus (up to 72 hours following exposure) and an appropriate consultation will result in the initiation of a month-long course of post-exposure prophylaxis (PEP), a treatment similar to that given to HIV positive patients consisting of retroviral medication. PEP is not 100% effective but can reduce the risk of contracting HIV by up to 79%. Following a positive HIV test, a combination of anti-retroviral drugs and other optional treatments can severely restrict the concentration of infected white blood cells. This results in a substantial reduction in symptoms which may include a flu-like seroconversion virus, muscle and joint pain, fever and swelling of the lymph nodes. The life expectancy of an individual with HIV is approximately 13 years less than that of a typical UK citizen. This figure is heavily reliant on early detection and in turn early treatment, an eventuality which can only be achieved through increased awareness and publicity.

Whilst social media sites employ stringent policies regarding the portrayal of sexually provocative advertisement on their sites, advertisements are not individually audited before being made visible to the public. Within the last six months, sexually provocative or explicit advertising has appeared on Facebook amongst other sites. Whilst many of the advertisements and the influence they have upon young users viewing them are worrying, the source of the most substantial concern is without doubt user-generated content. Facebook claims in its published terms and conditions that one “must not post content that: is hate speech, threatening or pornographic, incites violence or contains nudity or graphic or gratuitous violence.” This clause quite clearly portrays what is in theory a zero tolerance policy on pornographic content. Primarily due to the fact that the enforcement of this clause relies on a user report system, sexually explicit and disturbing videos and images are constantly circulating with no restriction, being posted and shared by publically accessible individuals or groups. Twitter claims to have a similar policy but, in a similar fashion does not implement this effectively, with similar content being posted by users.

The truly worrying aspect of the sexually explicit content available to everyone who uses social media is the audience to whom it is being delivered. In a book published by Sonia Livingstone, professor of social psychology at London School of Economics, she stated that approximately one million children aged nine to twelve bypass Facebook policies simply by providing a date of birth which makes them over the age of thirteen when they create an account. I believe that
through being exposed to highly explicit content from such a young age, children and young teenagers are under increasing pressure to engage in sexual activities. They are further pressurized by the constant influence of others on social media. This is reflected in the disproportionately high rates of teenage pregnancy in the United Kingdom with 2.9% of girls aged 15-19 giving birth every year.\textsuperscript{13} The deeper inference of this statistic is the proportion of young people engaging in sexual activity without the correct use of contraception.

The extent of the national curriculum for schools’ specification with regards to the teaching of STI awareness within the “Sex and Relationships Education Curriculum” is as follows:

- knowledge and understanding
  - learning and understanding physical development at appropriate stages;
  - understanding human sexuality, reproduction, sexual health, emotions and relationships;
  - learning about contraception and the range of local and national sexual health advice, contraception and support services;
  - learning the reasons for delaying sexual activity, and the benefits to be gained from such delay; and
  - the avoidance of unplanned pregnancy.

The distinct lack of specific teaching of sexually transmitted infections is an inherently worrying issue in itself. How can we expect young people to enter sexual maturity with a safe, pragmatic attitude to sexual health if they are not being educated in the basic principles at a younger age in schools? Whilst in some educational establishments, sexual health is taught to a level considerably higher than the baseline specification cited above, there are many who do not give it the priority it deserves. I feel that this assumption is aptly supported by the findings of my study which comprehensively suggest that the level of sexual education is insufficient in a wide range of establishments. Whilst it seems reasonable that schools may be unable to dedicate the resources to such projects, I believe that the onus is very much on the government to fund the improvement of sexual health education nation-wide. If this were to happen, along with my own proposal for the stricter regulation of social media, a dramatic reduction in the prevalence of a wide range of particularly dangerous STI’s would result.

The process by which I feel social media may be implemented as a tool for improving the sexual health of young people within the population of the United Kingdom involves a total ban on the presentation of advertisements involving sexually provocative imagery and linking viewers to sexually explicit sites. This would be combined with changes in the policies of social media sites with a view to eliminating, or at least restricting the viewing audience, of sexually explicit, user generated content. The space created could then be used for advertisements describing the symptoms of certain sexually transmitted infections, information about support systems and publicity for both contraception and sexual health clinics.
This would be accompanied by a number of contactable groups within the internet community, potentially run by a range of charities, to which each individual is automatically enrolled when a social media account is created. This would provide an accessible, safe and reliable source of personal advice on sexual health. The primary benefits of an advice system like this to young internet users are two-fold. The service would provide a source of advice which would be personal enough to be relevant but would lack the face to face contact of a medical consultation, a prospect which many young people, especially those under the age of consent, may find daunting. This should result in an improvement in the health and wellbeing of young people. The second key benefit is a reduction in the work-load on the health system. As a result of the advice given, individuals may be urged to consult a medical professional or alternatively, they may be directed to a sexual health clinic or a pharmaceutical service.

CONCLUSION

The results of my study explicitly demonstrate the need for advances in the education of young people in the United Kingdom with regards to sexual health. There are however a number of issues with the propositions laid out in this paper. Alteration to the national schools curriculum requires a lengthy review process and a substantial amount of support, an issue which I feel could be overcome through a better awareness if the risks faced by young people entering sexual maturity today. Whilst a service like that proposed poses a number of logistical issues and relies heavily on funding (crowd or governmental), an overwhelming proportion of the respondents to my study (93%) said that such a service would be useful or beneficial. I believe that the savings to the NHS derived from the reduction in patients presenting with STI's due to a better informed population would more than outweigh the start-up costs of these services. It is however inherently dependent on reforms to the sexual health curriculum, a prospect which is becoming increasingly likely on the back of campaign groups including branches of the NSPCC."
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