EDUCATION OF THE PUBLIC ABOUT VENEREAL DISEASES* SOME VIEWS OF VENEREOLOGISTS

BY

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A Joint Committee of the Central and the Scottish Health Services Councils was set up 6 years ago under the chairmanship of Lord Cohen of Birkenhead:

"To consider whether, having regard to recent developments in medicine, there are any fresh fields where health education might be expected to be of benefit to the public; how far it is possible to assess the results of health education in the past; and, in the light of these considerations, what methods are likely to be effective in the future."

Lord Cohen's committee, which reported in 1964, saw health education as "both giving information and persuading those concerned to take appropriate action on it" (Ministry of Health, 1964). Four main ways of contributing to these ends were listed:

- (1) Advice about prevention.
- (2) Habit or attitude changing.
- (3) Support for community health measures.
- (4) Education which leads patients to know when and where to seek advice.

Two of these methods, advice about prevention and advice about early reporting, have been pursued with varying intensity and enthusiasm in regard to the venereal diseases. Habit and attitude changing and community health measures, have, however, been almost completely neglected.

It is fitting, therefore, at this time when health education is expanding and when the incidence of venereal disease is high and rising, that we should seek to make a re-appraisal of our views in regard to present education of the public about the venereal diseases.

The first official recognition of responsibility in the matter came with the passing of the Public Health (Venereal Diseases) Act of 1916. The relevant section enjoins local authorities to take action thus: "Education of the public about the dangers of the

venereal diseases and of how they are acquired and spread".

The passing of the National Health Service Act (1946) has made no difference to the responsibilities of Local Authorities in this respect. Health education efforts in regard to venereal disease reached their peak during the second world war, but diminished rapidly thereafter. During the 1950s efforts were sporadic. With the present resurgence of infection there has been a tendency for a more sustained supply of information from a wide variety of sources. There is hope that this trend will continue. Implementation of the Newsom report recommendation regarding sex education in schools provides a clear opportunity for the spread of accurate information (Ministry of Education, 1963).

Few figures are available to estimate the impact of the endeavours of local authorities and of non-governmental agencies such as the Central Council for Health Education or the British Federation against the Venereal Diseases. Nor are the efforts of others readily judged. In 1958 the British Federation reported the results of interviews by a trained and experienced social worker of 292 patients (231 men and 61 women) attending a department of venereology in London (Nicol, 1958); only 73 had received any formal sex education, few were informed about venereal disease; ten had read leaflets, and 85 had read books and articles. The study judged that posters were very useful as they directed patients to sources of help and advice.

Schofield (1965) reported that 16 per cent. of boys and 13 per cent. of girls stated that they had no knowledge of venereal disease. Over half of the teenagers in his study knew nothing of the symptoms of syphilis or gonorrhoea. One-third was found to have learned about venereal diseases from friends. Television and books provided a further third with such information. Among other sources were

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parents, schools, and posters. Books and friends proved the most accurate sources. Television tended to leave people with only vague ideas about signs and symptoms. Schofield concluded that, although most young people have now heard about venereal disease, there is still a good deal of ignorance about the presenting signs and symptoms. These two investigations give the views of patients and the young public.

The present study seeks to examine the views of venereologists, and to assess the usefulness of available methods of education and the operation and value of these activities. It seeks also to assess just how venereologists feel about their personal role in health education.

To gain information on these points a questionnaire was sent out to all United Kingdom-based members of the Medical Society for the Study of Venereal Diseases. Table I shows the general response, and is based on a return of 69 per cent. of the questionnaires.

TABLE I QUESTIONNAIRE RESPONSE

Number of questionnaires sent	177
Recipients not available	3
Basic number concerned in study	174
Total number of replies	124
Refusals	3
Letters in lieu of forms	2
Basic number of replies covered in study	119
119 as percentage of 174	69

The response to the first of the seven questions posed is shown in Table II. This first question proved the most difficult of all; those who returned an incomplete set of ratings gave views which correlated very closely with those giving a complete set of responses (Table III). The order shown is based on 81 completed returns. The letters on the right indicate the presenting order. The criterion for rating in Table III is usefulness.

TABLE II QUESTION I

Total replies available	119
Blanks	6
Responses	113
Complete response	81
Incomplete response	32

TABLE III QUESTION I

Order revealed by 81 complete answers	
1. Television programmes (f)	
2. Magazine and newspaper articles (a)	
3. Short films/lectures/discussion groups (b and c together)	
4. Short films (b)	
5. Lectures/discussion groups (c)	
6. Radio Programmes (e)	
7. Public displays of "advertising" material (i)	
8. Pamphlets (h)	
9. Paperbacks (g)	
10. Books — "home doctor", encyclopaedias, etc. (j)	
11. Others (specify) (k)	

Television programmes about venereal disease had a clear lead. Magazine and newspaper articles had an equally clear second place. There was a variety of comment: for example, "There is no doubt that television brings much information to a large number of people in a short time and it does this in a palatable and acceptable form"; "Television provides information to the passive as well as those actively interested". Some replies made comment regarding what they considered to be misrepresentation, *e.g.* regarding cure. The most serious and commonest criticism was that, after television programmes, there is a precipitation of neurotics in Special Clinics. Infected people, it was added, very rarely attend as the result of television programmes. Comments on magazine and newspaper articles were few. Most were commendable but several referred to "inaccuracies".

At the other end of the rating scale appear books. The hard-backed variety fared very badly; they were described by some as "dangerous", "useless", and "commonly associated with neurotic patients". Nothing in the questionnaire provoked more dramatic comment. It is clearly the view of venereologists that it is difficult to write an acceptable book on their subject for the laity. From what we know, however, from the two lay studies already mentioned, many people do seek the authority of such books and presumably find them informative without arousing morbid anxieties.

Of the items falling in the middle range, the short films, lectures, and discussion groups are favoured over "advertising" material and pamphlets. There was a tendency for doctors to choose either the mass media of television and magazine and newspaper articles, or such items as may involve discussion in which they presumably might take part. "Advertising" material and pamphlets, on the other hand, brought comment suggesting that they have a quality about them which would seem to confine their educational role to the provision of up-to-date information, particularly about clinic places and times. They were thus seen as capable of acting principally as reinforcers of more general educational effort.

The radio maintains its age-old image of being in a neutral position.

It will be gathered that a fair amount of comment accompanied replies to this first question. Schools, churches, and youth clubs were repeatedly mentioned as venues for health education. Friends and parents were noted as sources of information and advice. They have a special role to play in the type of discussion that appears to follow an introduction to the subject. The dangers of amateurism and faulty

emphasis were also noted. One venereologist favoured monthly reporting of venereal disease incidence on television, on radio, and in newspapers, as a means of engendering a community awareness and approach to the problem.

Question 2 (Table IV) covers the role of the local authorities and the discharge of their responsibilities. This was the most fact-finding of all the questions. The few comments suggested that education about venereal disease should stem from general health topics and more particularly from sex education. All these aspects are assessed in the Table. Twenty replies gave "Yes" in all three parts, 32 gave "No" in all three parts, and seventeen gave three "Don't knows". Viewed in a little more detail, six of those replying "Yes" regarding venereal disease stated that their personal role was "limited", "sporadic", or "on request only". Of those replying "No" about venereal disease, at least six believed the job of education to be someone else's. Schools, colleges of further education, and health visitors were mentioned. Of those answering "Don't know" to this aspect, five confessed to poor liaison, commenting "As far as I know", "Think not", "I don't think so".

TABLE IV QUESTION 2

Complete replies	..	..	..	..	..	..	113
Blanks	..	..	..	..	..	..	6
(a) On general health matters							
YES — 51: NO — 34: DON'T KNOW — 28							
(b) On sex education							
YES — 32: NO — 57: DON'T KNOW — 24							
(c) On venereal diseases							
YES — 24: NO — 70: DON'T KNOW — 24							

All these figures and comments suggest that there is room for improvement in the interpretation by local authorities of their statutory obligation in regard to education on the subject of venereal disease.

Whether venereologists are likely to prove helpful in health education is the subject of the third and fourth questions.

Table V shows the replies to Question 3. By "direct" is meant a personal type of approach rather than one through trained or informed intermediaries, *e.g.* teachers, social workers, etc. There is a striking contrast between the Yes/No responses under "general medical matters" and under "venereal diseases"; 31 (27 per cent.) indicated that they felt

TABLE V QUESTION 3

Complete replies	..	..	..	..	..	..	119
(a) On general medical matters							
YES — 30: NO — 85: DON'T KNOW — 4							
(b) On sex education							
YES — 55: NO — 58: DON'T KNOW — 6							
(c) On venereal diseases							
YES — 84: NO — 31: DON'T KNOW — 4							

no obligation to take part in direct education of the public concerning venereal diseases, 28 replied "Yes" to all three sections, and 31 replied "No" to all three. There was a solitary "Don't know". Of those replying "No" to all three items and those replying "No" to sections (a) and (b) only, some thought education best left to experts in teaching. Comments from some suggested that, since teaching about venereal disease to the laity is not a responsibility of venereologists, none should feel obliged. Of those replying "Yes" to section (c), two mentioned that the venereologist was well trained to handle such instruction. One comment saw health education as the ideal task for the retired venereologist!

Table VI shows replies to a question regarding indirect education. This term is defined; 55 replies showed "Yes" in all three sections. Only six replied "No" in all three. There is no doubt that education directed at forming a corps of well-informed intermediaries is felt by the majority of venereologists to be a worth-while enterprise. Only one comment opposed the education of intermediaries on the grounds of "dangerous amateurism". One comment stated that parents should be included in the term "intermediaries".

TABLE VI QUESTION 4

Replies available	..	..	..	..	..	..	115
Blanks or spoiled	..	..	..	..	..	..	4
(a) On general health matters							
YES — 57: NO — 55: DON'T KNOW — 3							
(b) On sex education							
YES — 83: NO — 30: DON'T KNOW — 2							
(c) On venereal diseases							
YES — 107: NO — 7: DON'T KNOW — 1							

This takes us to Question 5, which concerns the relative usefulness of direct and indirect methods of health education (Table VII). Of the sixteen not completing this section, ten commented that the usefulness of each was equal, or that the two types of approach were complementary. A wide range of comment was available, some favouring "direct" exclusively. Others saw "direct" as of short term-value only. "Indirect" was favoured on the strength of its potential ability to make sound information and advice widely available.

TABLE VII QUESTION 5

Total responses	..	..	..	..	..	..	103
Blanks	..	..	..	..	..	..	16
Direct 45 (44 per cent.)							
Indirect 58 (56 per cent.)							

Table VIII (opposite) confirms that the venereologist has greater measure of obligation towards the indirect type of health education.

TABLE VIII

(a) On general health matters	
DIRECT	
YES — 25 per cent.:	NO — 70 per cent.: DON'T KNOW — 5 per cent.
INDIRECT	
YES — 49 per cent.:	NO — 49 per cent.: DON'T KNOW — 2 per cent.
(b) On sex education	
DIRECT	
YES — 47 per cent.:	NO — 48 per cent.: DON'T KNOW — 5 per cent.
INDIRECT	
YES — 72 per cent.:	NO — 26 per cent.: DON'T KNOW — 2 per cent.
(c) On venereal diseases	
DIRECT	
YES — 70 per cent.:	NO — 25 per cent.: DON'T KNOW — 5 per cent.
INDIRECT	
YES — 95 per cent.:	NO — 4 per cent.: DON'T KNOW — 1 per cent.

Question 6 covers views of the possible harm which may arise from public education about the venereal diseases (Table IX). Nine venereologists thought such efforts did more harm than good. Eleven others replied "Don't know". Altogether this forms a marked percentage (17 per cent.) who see present health education policies and practices as dangerous or potentially so. These views were accompanied by such comments as "Discussion on television often gives distorted views about sex and venereal disease"; "Recent efforts put too much emphasis on horror and incurability"; "Leave V.D. to the expert"; "Propaganda only results in venereophobia". Of the venereologists giving support to the view that on balance education does more good than harm, one commented, "Even if our educational programme cannot prevent venereal disease, it does help people take a well-informed and enlightened view of it".

TABLE IX QUESTION 6

Total replies	119
YES	9
NO	99
DON'T KNOW	11

Table X shows that there is general support for the view that the particular education with which we are here concerned has value at least for young people. One comment stated that the most lasting or most worthwhile effect of education was that people knew they could always call at a clinic for a check-up if the need arose.

TABLE X

Total replies	119
(a) For young people	
YES — 107: NO — 6: DON'T KNOW — 6	
(b) In control of spread of venereal disease	
YES — 93: NO — 18: DON'T KNOW — 8	

The view that public education in matters venereal was of value in venereal disease control was less

firmly held. Of those replying "Yes", six added such comments as "limited", "slight", "not much"; 26 (21 per cent.) thought education valueless or had misgivings about its effectiveness in so-called control of the spread of infection.

Discussion

Four points will be discussed.

- (1) In recognizing the usefulness of various forms of public education about the venereal diseases, it is perhaps best to see them as complementary to each other rather than as in competition. There is clearly room for all methods. Co-ordination of efforts therefore should be considered as likely to be helpful. For example, nation-wide television programmes should be linked with local efforts, especially in large cities where the diseases concerned are most common.
- (2) Of equally vital importance is the need to bring pressure on local authorities to make health education about the venereal diseases a reality. Venereologists seem well fitted to provide the necessary impetus. There is every opportunity now for the Medical Officer of Health, the Consultant Venereologist, and the local Director of Education to act in unison. Recent acceptance by the Ministry of Education of the relevant Newsom report recommendation offers new possibilities. The recommendation reads as follows:

"Positive guidance to adolescent boys and girls on sexual behaviour is essential. This should include biological, moral, social, and personal aspects. Advice to parents on the physical and emotional problems of adolescents should be easily available. Schools, of whatever type, should provide opportunities for boys and girls to mix socially in a healthful and educative environment".

- (3) The third point stems from our belief in the efficacy of indirect education of the public, and our sense of obligation to participate actively in the training of intermediaries. We can personally provide factual information. This point also has a thoroughly practical aspect. It has become increasingly clear in recent years that the indications for examining people for occult venereal infection are just as often social as they are medical. The yield of referrals to special clinics, therefore, from social workers such as probation officers, magistrates, children's officers, policewomen, etc., should be increasing. If these intermediaries are to co-operate to the full, venereologists will have to undertake a major bridge-building operation between medicine and the

social sciences. Such an operation envisages use of one of the methods recommended in the Cohen report and which has been little used in the case of venereal disease, that is, "support for community health measures".

- (4) The fourth and last point concerns the doubts expressed regarding the value of education as a means of controlling the spread of infection. These doubts are timely.

Prosperity primarily dictates the present high and rising incidences of venereal diseases in many countries. Such prosperity is developing in this country. If we seriously wish to attempt to contain our levels of infection within manageable bounds, the need for health education in its widest sense is therefore an urgent necessity.

Summary and Conclusions

The place of health education in our society is now accepted. There are indications that education of the public about venereal diseases is needed. Local authorities have a clear duty in this respect.

This study, based on the views of two-thirds of United Kingdom venereologists, rates the various means of public education available in order of their usefulness. It is suggested that their roles are complementary and worthy of co-ordination.

If the view of venereologists regarding the health education activities by local authorities is correct, then there is need for action. Less than a quarter of local authorities appear to treat seriously their obligations about venereal diseases. The recent Newsom report offers them an opportunity to fulfil their obligations through the schools.

It is fortunate for local authorities that most venereologists feel some obligation in these matters. Clearly they are those best placed to initiate action.

Venereologists favour the means best fitted to the present needs—that is, what has here been called indirect education. It is suggested that there is need to give the fullest information not only to colleagues, but to social workers of all kinds also. Social workers have great potential as a source of referral of patients with occult infection.

In general, venereologists believe that educational efforts, as at present pursued, do more good than harm. One in six, however, has misgivings.

Education of the public is thought to have value for the young and to be of some value in containing the spread of venereal infections.

In the face of anticipated further rises in the incidence of venereal diseases, "both giving information and persuading those concerned to take appropriate action on it", to quote the Cohen report, must be undertaken as a matter of urgency.

My grateful thanks are due to a patient for financial help with clerical assistance and postage.

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L'enseignement du public au sujet des maladies vénériennes Quelques opinions des vénéréologues

RÉSUMÉ

La place de l'enseignement de l'hygiène dans notre société est maintenant acceptée. Il y a des indications que l'enseignement du public au sujet des maladies vénériennes est nécessaire. Les administrations locales ont un devoir bien défini à ce sujet.

Cette étude basée sur les opinions des deux tiers des vénéréologues du Royaume-Uni évalue les différentes méthodes d'enseignement disponibles et donne l'ordre de leur utilité. Il est suggéré que leurs rôles sont complémentaires et méritent d'être coordonnés.

Si le point de vue des vénéréologues au sujet des activités des administrations locales quant à l'enseignement de l'hygiène est exact on peut dire qu'il y a lieu d'agir. Moins d'un quart des administrations locales semble prendre au sérieux leurs obligations au sujet des maladies vénériennes. Le récent rapport Newsom leur offre une occasion de s'acquitter de leurs obligations par le truchement des écoles.

Il est heureux pour les administrations locales que la plupart des vénéréologues éprouvent le besoin de faire quelque chose. Evidemment ils sont les mieux placés pour initier une action.

Les vénéréologues préfèrent la méthode la mieux apte aux besoins actuels—c'est-à-dire ce qui a été ici appelé l'enseignement indirect il est suggéré qu'il y a lieu de donner tous les renseignements non seulement aux collègues mais aussi à tous les cadres d'assistantes sociales. Celles-ci peuvent exercer une influence marquée en référant les malades souffrant d'une infection occulte.

En général les vénéréologues croient que les efforts éducatifs faits en ce moment font plus de bien que de mal. Un sur six a pourtant des doutes.

On pense que l'enseignement du public a une certaine valeur en contenant la propagation des maladies vénériennes.

En présence d'autres augmentations anticipées dans l'incidence des maladies vénériennes, le rapport Cohen préconise que les renseignements doivent être donnés et que ceux qui sont affectés doivent être persuadés de prendre des mesures appropriées. Ces conseils doivent être considérés comme étant urgents.

QUESTIONNAIRE TO ALL U.K. MEMBERS OF THE M.S.S.V.D.

- (1) How would you order (1-11) the following as regards their usefulness in the education of the public about venereal diseases?
(a)	Magazine and newspaper articles	...	...	...	...	...	...	...	...	...	...
(b)	Short films	...	...	...	...	...	...	...	...	...	...
(c)	Lecture/discussion groups	...	...	...	...	...	...	...	...	...	...
(d)	(b) and (c) together	...	...	...	...	...	...	...	...	...	...
(e)	Radio programmes	...	...	...	...	...	...	...	...	...	...
(f)	Television programmes	...	...	...	...	...	...	...	...	...	...
(g)	Paperbacks	...	...	...	...	...	...	...	...	...	...
(h)	Pamphlets...	...	...	...	...	...	...	...	...	...	...
(i)	Public displays of "advertising" materials	...	...	...	...	...	...	...	...	...	...
(j)	Books—"home doctor" encyclopaedias etc.	...	...	...	...	...	...	...	...	...	...
(k)	Other (specify)	...	...	...	...	...	...	...	...	...	...
- (2) Does your associated public health department offer courses of instruction to the public on:
- * (i) (ii)
(a)	General health matters	...	...	...	...	...	...	...	Yes/No/Don't know
(b)	Sex education	...	...	...	...	...	...	...	Yes/No/Don't know
(c)	The venereal diseases	...	...	...	...	...	...	...	Yes/No/Don't know
- (3) Do you feel any obligation to take part in *direct* public education as regards:
(a)	General medical topics	...	...	...	...	...	...	Yes/No/Don't know
(b)	Sex education	...	...	...	...	...	...	Yes/No/Don't know
(c)	The venereal diseases	...	...	...	...	...	...	Yes/No/Don't know
- (4) Do you feel any obligation to take part in *indirect* public education, i.e. through education of intermediaries, e.g. colleagues, health visitors, social workers, teachers, youth leaders, etc. as regards:
(a)	General medical topics	...	...	...	...	...	...	Yes/No/Don't know
(b)	Sex education	...	...	...	...	...	...	Yes/No/Don't know
(c)	The venereal diseases	...	...	...	...	...	...	Yes/No/Don't know
- (5) Which form of education do you consider the more useful? Direct/Indirect
- (6) Do you think education of the public as regards venereal diseases does more harm than good?
Yes/No/Don't know
- (7) Do you think education of the public in the venereal diseases has any value:
(a)	For young people	...	...	...	...	...	...	Yes/No/Don't know
(b)	In the control of venereal diseases	...	...	...	...	...	...	Yes/No/Don't know

* (i) Where there is more than one associated public health department the data should concern your main centre
(ii) Delete the inapplicable