

PUBLIC EDUCATION IN VENEREAL DISEASE*

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Health education, now well-recognized as an essential tool of preventive medicine, is becoming an increasingly important part of the work of Local Health Authorities. As recognition has been given to the need for an enlightened public able to co-operate in the promotion of health and the prevention of illness, more Local Authorities have taken advantage of the powers given to them under the Public Health Act (1936), The National Health Services Act (1946), and the Education Act (1944) to undertake schemes of health education. During the past 2 or 3 years more Local Authorities have appointed a full-time Health Education Officer to the staff of the Medical Officer of Health. In Sheffield the Public Health Department had been active in carrying out public programmes of education for many years, and in 1959 the amount of health teaching undertaken by the staff was such that a comprehensive Health Education Service was established to organize and co-ordinate the work, and to give support to all health, education, and welfare workers willing and able to contribute to the programme.

The Sheffield Health Education Service was based at the first Health Education Centre in Britain (which formed the focal point of activities carried out). From 1959 the work of the Service developed rapidly and in 1964 the Centre was transferred to new premises which have extensive facilities—including administrative offices, lecture theatres, an exhibition hall, and technical workshops, photographic and artistic departments, and display stores.

The main functions of the Health Education Centre are these:

- (1) The organization of a continuous comprehensive programme of health education covering all aspects of mental, emotional, physical, and social health—at home, work, school, and leisure—including the arrangement of lectures, film shows, discussion

groups, exhibitions, displays, poster and leaflet distribution, and both general and specific major health campaigns conducted at high intensity.

- (2) The evaluation of the health education needs of the community and of the methods and media most suitable for use in any specific project or for use with a particular age group.
- (3) The acquisition, production, and distribution of health teaching media and equipment, including exhibitions, displays, posters, and literature, and leaflets, films, filmstrips, etc. These materials are either obtained from national sources or produced in the Health Education Centre.
- (4) The provision of in-service and professional training for both full and part-time health, education, and welfare workers. This training, which is an essential part of the work of the Centre, is carried out by means of lecture and discussion programmes, evaluation panels, liaison meetings, and the distribution of information on current health problems and solutions. The Information Service includes, in addition to the publication of the monthly *Health Education and Information Bulletin* distributed to a wide range of professional workers in the City, a library and a reference and abstracting service.

Originally the facilities of the Health Education Centre were intended for the staff of the Local Authority, but with the rapid development of liaison and co-operation with statutory and voluntary agencies concerned with health and welfare in the City the resources of the Centre have been made available to all workers able to contribute to the health education of the public.

Following the inauguration of the Service, contacts were made with the leaders of youth and adult groups throughout the city, informing them of the expanded health education programme available. The response was immediate and requests for talks and film shows were received in a steady stream. Initially the talks were on general health topics which were usually conducted in the traditional formal or

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didactic way concluding with questions. Following the establishment of *rapport* with groups, programmes of meetings of a less formal nature (during which discussion could take place) were encouraged. As familiarity with discussion techniques developed in the groups, a wider range of health subject matter was introduced into their programmes, in particular problems of social health and personal relationships. The maturation of the relationship between Public Health staff undertaking group education and members of the public has continued and has proved essential to the growth of the programme and the ease with which new subjects can be introduced.

From the outset there were regular requests from youth leaders, clergy, and head teachers for programmes of sex education for young people. The view was held that any programme of health education should be directed both to the general and specific needs of any particular community group; for this reason the provision of "sex" instruction isolated from other aspects of health in adolescence was discouraged. It was stressed that, whilst the physiology of sex was important, it should not be regarded as the most important aspect of work with young people, and that it should be dealt with in the context of general, personal, and social health. These more broadly-based programmes included such topics as: "Ages and Stages", "Mental and Emotional Development", "Physical and Sexual Development", "Human Relationships", "Understanding Adults", etc. Where possible adults were encouraged to attend the meetings, especially parents and teachers. During the first courses for young people considerable time was allowed for questions and discussion, as a result of which insight was gained into then currently-held knowledge and attitudes about sex matters. It became increasingly obvious that there was a need for young people in the community to have opportunities to discuss questions of human relationships and sex behaviour in an informal way with trained personnel able to deal accurately and without embarrassment with the many questions raised. An analysis of the types of questions asked by young people and adults indicated that there was a great need for information on venereal diseases and the dangers of promiscuity, also on the existence of Special Clinics. It was interesting to note that at this particular period of development, whilst many group leaders were willing to have open and frank discussion of sex *per se*, there was considerable unwillingness to include reference to venereal disease in the programmes offered, as they regarded the subject as "dirty" and unsuitable for discussion with young people.

In parallel with the contacts made with group leaders following the establishment of the Health Education Service, approaches had been made to consultants and senior workers in the Health Service inviting their comments and suggestions on "topics for future attention". Co-operation was readily forthcoming and suggestions ranged over many different aspects of personal, family, and community health. Amongst those whose advice was sought was the local consultant venereologist. His co-operation and support led to the development of the extensive and continuous campaign which has been carried out over the past 6 years.

The following is a brief description of the developments which have taken place in the venereal diseases education programme.

The initial discussions with the consultant venereologist showed that there was agreement first on the need for a wide campaign of public education on the cause, prevention, and treatment of sexually transmitted diseases, and secondly on the fact that in the initial stages of this campaign the education should be provided as an integral part of personal and social health education rather than as an isolated subject likely to be rejected by group leaders requesting talks or film shows. One of the major problems was to gain acceptance of the idea of a public campaign from community leaders and health education workers, many of whom appeared to regard venereal disease as one of the traditional unmentionables. It was agreed that a climate of informed and responsible opinion should be created amongst community leaders and that this should be a prime objective before any wide-scale public education campaign was undertaken. Without the confidence that this stage had progressed satisfactorily, further efforts seemed to fall wide of the target.

At the same time it was felt that increased factual publicity should be given to the times and places of Special Clinics in the city; originally, plastic-covered notices had been used in public conveniences, but it was found that vandals discovered these easy to set alight. During 1960 and 1961 printed notices and posters were distributed. There was little difficulty in arranging display on "official premises", including public conveniences, though in the case of private premises, such as offices, factories and shops, the notices were frequently rejected. Because these notices were of expendable printed paper they were easily defaced, many of them within hours of display. Various materials were tested to find something reasonably vandal-proof, and eventually heavy-duty enamelled steel notices were selected and prepared for use throughout the city. These have

been in use since early 1963 and have suffered little damage.

During 1960 and 1962, whilst references to venereal disease were included wherever possible in general health education talks to the public, the main effort was directed towards the creation of cadres of professional workers able to contribute to the education of the public in a sympathetic and understanding way. Lectures by the consultant venereologist were already included in the syllabuses of medical, nursing, and some groups of social welfare students. Additional arrangements were made for lectures and discussions for a wider range of professional, semi-professional, and lay workers who might contribute to the education of the public. These included Public Health Department staff, social workers, teachers, youth leaders, clergy, policewomen and probation officers. These lectures, given by the consultant venereologist, are tailored to meet the needs of each type of group and have now become a regular feature of the educational campaign.

The programme of professional training has been supplemented throughout by the distribution of background information in the form of booklets, leaflets, teaching notes, and reprints of articles. The *Health Education and Information Bulletin* produced by the Sheffield Health Education Service has been a particularly useful vehicle for the dissemination of information, and since publication started in 1959, articles on venereal disease, sexual behaviour, and the dynamics of community development have appeared regularly; in 1961, a special 42-page issue on the theme "Venereal Disease and Promiscuity" was produced and had considerable impact.

In the early days of the training programme requests for the specially-prepared background notes for teachers and youth leaders were received in limited numbers, but with the increasing awareness and change of attitude which has taken place, large numbers of requests are now made for both information and teaching aids. Discussions with the recipients of background notes and articles proved what had been felt for some time that there was an urgent need for a *readable* handbook written in scientific but non-specialized language suitable for both health and welfare workers and the intelligent layman. As part of the expanding policy of educating the educators, the preparation of a suitable book was undertaken by the consultant venereologist (Morton, 1966). It is anticipated that this book will prove valuable in producing a climate of informed opinion which will accelerate the development of public education.

It was felt from the outset that the local press could make a major contribution to public education and understanding. At the same time it was realized that newspaper editors were reluctant to provide a platform for special pleading unless there was a matter of genuine public interest on which comment could be made. Throughout the campaign approaches to editors have been limited to occasions when local comment was justified. In particular, at the time of publication of annual reports or in connexion with special activities such as the issue of particular sets of background notes, publication of the British Medical Association's "Report on Venereal Disease and Young People" (1964), etc. Other mass media, in particular television, which contribute to the overall health education of the public could not readily be used locally. The close liaison which existed in Sheffield with producers and other programme personnel has however been utilized to provide a two-way exchange of information on the production of feature programmes on the one hand and the provision of advance information on forthcoming broadcasts on the other. This culminated in a special advance preview for medical, educational, and social workers of a schools broadcast on venereal disease arranged by the commercial network for release during 1966 as one of the series on "Understanding".

One of the main problems of the expansion of the public education programme was the lack of suitable teaching aids and publicity material, and an evaluation of all available British teaching media was carried out in 1962. Films were found to be limited in scope, out-dated, and often difficult to obtain. It was not until 1963 that a suitable filmstrip was produced for use with lay groups. Posters with provision for overprinting with times and places of Special Clinics were available through the Ministry of Health, but suffered from the disadvantages already mentioned, particularly when "displayed" in semi-secret corners. (The problem of defacement has lessened considerably in recent times with the greater willingness to display publicity material in full public view.) One other poster offered by a national organization and recommended as suitable for young people bore an illustration of a young couple dancing and the caption "Don't take the risk, venereal disease is on the increase". After field evaluation with adolescent groups, this poster was rejected out of hand by teachers and youth leaders because many of the young people involved gathered the impression that venereal disease could be contracted by dancing! This proved to the adults involved that young people needed information on the cause of venereal disease as well as on sources of treatment, and it

gave further impetus to the number of requests for meetings.

In view of the shortage of visual aids, particularly films, inquiries were made overseas, and in 1964 copies were obtained of the American films "Innocent Party" and "Quarter of a Million Teenagers". The films arrived at a very opportune moment in the development of the campaign, and were put into immediate use with both youth and adult audiences.

By 1964, extensive liaison had been built up with professional workers of all types, including head teachers, community group leaders, and employers in connexion with the general health education campaign conducted by the Public Health Department. This liaison was an important factor in enabling a rapid expansion and growth of the main venereal disease education programme during that year, the publication of the British Medical Association's "Report" and a specific request from the Ministry of Health for increased activity being used as the springboard. Circulars drawing attention to the need for increased publicity and education were sent out to all parts of the City, and 1,100 requests for posters were received from official bodies, youth and community organizations, employers in shops offices, and factories, and a number of breweries. A series of lectures and preview meetings for head teachers and youth leaders was arranged at the Health Education Centre. Regular screenings of the two American films began, either as "special showings" or as part of the wider programme of education in human relationships in which discussion plays a major part.

The expansionist policy continued during 1965 when it was felt that the time was ripe for the production of a major exhibition on "Sexually-transmitted Disease and You" for use during 1966. As materials were gathered, flash previews for parents and educators visiting the Health Education Centre were arranged to assess reaction to particular exhibits. It seems that much of the antipathy and reluctance to discuss the subject has been eliminated and that most sections of the public now accept the desirability to continue venereal disease education programmes particularly directed towards the needs of young people to enable them to cope with the increase in social problems associated with a more prosperous and cosmopolitan society. After circularization by the Director of Education of all head teachers, increasing numbers of schools are including talks and films on venereal disease as part of their routine curriculum on health in adolescence. Lectures and film shows are also arranged for teachers and youth leaders in training. A very valuable development has been the increase in the number of

joint film and discussion meetings on personal relationships, sexual development, and behaviour. This provides opportunities for both adults and young people to gain insight into the points of view held by different generations. This group discussion also serves to break down any embarrassment which might exist between the two groups and enables follow-up discussions to take place in the home.

Assessing the effectiveness of a health education campaign of this type is difficult. Changes in attitude towards the subject of venereal disease and the greater willingness to discuss it openly is a partial indication of success. True success, however, can only be measured in changes in behaviour, and it is probably more difficult to obtain accurate information in the field of sex relationships than in any other. A valuable indicator may well be the fact that in 1964, whilst the venereal disease rate continued to rise in the country generally, the incidence in Sheffield remained constant. Reasons for this put forward by the consultant venereologist included speedier contact-tracing, improved treatment, liaison between health workers, publicity, and education. Undoubtedly, progress will continue to be made with each of these techniques, making them more effective in the future.

Of all the measures available, health education in relation to sexually-transmitted diseases is the one with the greatest potential for expansion. It must be remembered also that only education is likely to change behaviour, and for this reason, the programme of health education must be continued indefinitely.

Summary

Health education is now a recognized tool of preventive medicine and is being undertaken increasingly by Local Health Authorities. The work of the Sheffield Health Education Service with particular reference to venereal disease education, taken over a 6-year period, is reviewed. The development of public acceptance of the programme, cadres of trained personnel, and the production and acquisition of teaching materials are described. The need for increased health education efforts in this field is stressed.

I should like to thank Dr R. S. Morton, Consultant Venereologist, Sheffield Regional Hospital Board, for his advice and guidance throughout. The views expressed are personal and not necessarily those of the Sheffield City Council.

REFERENCES

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Morton, R. S. (1966), "Venereal Diseases". Pelican, London.

FILMS

- "Venereal Disease". 36 frames, colour, with teaching notes. Available from Camera Talks, London.
- "Quarter of a Million Teenagers". 16 mm. sound, colour, 16 min. Produced by Churchill Films, U.S.A. Available from Boulton-Hawker Films Ltd., Ipswich, Suffolk, £45.
- "Innocent Party". 16 mm. sound, colour, 18 min. Available from Calvin Prodn. Inc., Kansas City, U.S.A. Hire from Central Office of Information, London, £1.

L'enseignement du public au sujet des maladies vénériennes
RÉSUMÉ

L'enseignement de l'hygiène est maintenant un instrument reconnu de la médecine préventive et les administrations sanitaires locales s'en servent de plus en plus. Le travail du service de l'enseignement de l'hygiène de la ville de Sheffield ayant particulièrement trait à l'enseignement au sujet des maladies vénériennes est passé en revue. Le développement de l'acceptation du programme par le grand public, la formation des cadres du personnel, la production et l'acquisition du matériel pour l'enseignement sont décrits. La nécessité d'augmenter les efforts de l'enseignement de ce sujet est soulignée.