STUDENTS AS SPECIAL CLINIC PATIENTS*

BY

R. S. MORTON

Royal Hospital, Sheffield

Much has been said in recent years about the behaviour of young people in Great Britain and not least about their sexual behaviour. The rising incidences of venereal disease and illegitimate pregnancy have been quoted as indices of promiscuity.

Little information is available on students' sexual behaviour. In this study a look has been taken at the Sheffield student population and an effort made to determine the numbers attending special clinics in the city during the years 1961-65 inclusive. Some students were referred by the Medical Officers of the Student Health Service but, as in the case of the general population, the great majority attended of their own accord.

For the purpose of this study a student is defined as:

(a) An undergraduate at the University.

(b) Anyone attending a full-time course at one of the local colleges, *i.e.* technical, art, and teaching-training colleges.

(c) Part-timers spending two or more days per week in further education.

(d) Student nurses.

The study is a retrospective one and it has not been possible to separate the various groups completely. More than half the patients are believed to be university students.

Results

Table I shows that the student population has increased by some 6.3 per cent. per annum, giving a

TABLE I
NUMBER OF STUDENTS

Year	University	Local Colleges	Student Nurses
1961	3,354 (278)*	1,596 (26)	784
1962	3,625 (288)	1,920 (43)	645
1963	3,890 (321)	2,195 (61)	677
1964	4,201 (382)	2,338 (55)	652
1965	4,702 (392)	2,641 (47)	668

* Figures in brackets denote overseas and Commonwealth students.

* Received for publication June 6, 1966.

compounded increase of 40 per cent. over the years 1961 to 1965. This increase has been 4 per cent. higher in the case of Commonwealth and Overseas students, who form 5.3 per cent. of the student body in any year.

Table II shows the total number of students in the years concerned, together with the number seeking advice after intercourse. The number making such requests are about the same in the years 1961 to 1963 inclusive, but in 1964 the number of patients increased by 50 per cent. There is a further 50 per cent. increase in 1965. Compared with the overall 40 per cent. rise in student population between 1961 and 1965, these increases are more than proportionate. The increase in student patients has been absolute and concerns those born in the United Kingdom.

Students from overseas contribute 28 per cent. of the total, although as stated they form only 5.3 per cent. of the student body. These points are more clearly displayed by the number of student patients per 1,000 (Table II).

TABLE II
STUDENTS ATTENDING SPECIAL CLINICS
(irrespective of diagnosis)

Year	Total Students	Patients	No. per 1,000
1961	5,734 (304)*	21 (5)*	2.9 (16.4)*
1962	6,185 (331)	23 (8)	2.5 (24.1)
1963	6,752 (382)	24 (9)	2.3 (23.9)
1964	7,181 (437)	36 (11)	3.7 (25.2)
1965	8,011 (439)	53 (11)	5.5 (25.0)

* Figures in brackets denote overseas and Commonwealth students.

The age range of female students was 15 to 23 years, four (9 per cent.) being married (Table III, opposite). The age range of male students was 17 to 37 years, fourteen (12.5 per cent.) being married. The average age of UK-born male students was 21.6 years.

Table IV (opposite) shows that thirteen (28 per cent.) of female student patients were found to be suffering from venereal or other sexually-transmitted disease (syphilis, gonorrhoea, or trichomonal vaginitis).

TABLE III
SEX AND AGE OF STUDENT PATIENTS

Year	Sex		Average Age (yrs)	
	Male	Female	Male	Female
1961	15	6	23.4	18
1962	16	7	25.1	20.7
1963	19	5	23.7	20
1964	27	9	23.4	19.2
1965	35	18	23	18.8
Total	112	45	23.7	19.3

TABLE IV
FINDINGS IN 45 FEMALE STUDENTS

Diagnosis	No. of Cases
Syphilis (infectious)	2
Gonorrhoea	4*
Trichomonal vaginitis	7
Monilial vaginitis	7
Other conditions, e.g. cysts, warts	3
Not requiring treatment	22
Total	45†

* Includes the one and only overseas student.

† Three students had two diseases only, the more important is listed.

From Table V it can be calculated that 53 (47 per cent.) of male student patients had venereal or other sexually-transmitted disease (syphilis, gonorrhoea, non-specific urethritis, and chancroid). Of the 53 instances of infection, 28 occurred in UK-born students and 25 in those from overseas. The higher morbidity rate of the latter is similar to that of the special clinic population as a whole. Another similarity is that non-specific urethritis is more common among the UK-born and gonorrhoea among those from overseas.

TABLE V
FINDINGS IN 112 MALE STUDENTS

Diagnosis	No. of Cases
Syphilis	2 (1)*
Gonorrhoea	20 (15)
Non-specific urethritis	30 (8)
Chancroid	1 (1)
Yaws	2 (2)
Other conditions	8 (3)
Not requiring treatment	49 (13)
Total	112 (43)

* Figures in brackets denote overseas and Commonwealth students.

It is clear from Table VI that not only did the total number of student patients increase by 50 per cent. in both 1964 and 1965, but that the infection rate in the latter year was substantially increased by 100 per cent. over any other year under review. With a student population increasing at around 6.3 per cent annually, these increases are more absolute than relative. Furthermore, and on

TABLE VI
YEARLY FINDINGS

Year	Venereal and Sexually-transmitted Disease	Other Disease	Total
1961	12 (3)*	9 (2)*	21
1962	11 (5)	12 (3)	23
1963	11 (5)	13 (4)	24
1964	9 (5)	27 (6)	36
1965	23 (8)	30 (3)	53
Total	66 (26)	91 (18)	157

* Figures in brackets denote overseas and Commonwealth students.

both counts, a disproportionately high contribution to the increases was made by the UK-born students.

Discussion

Three points emerge from this study. The first is the high percentage of the total number of patients contributed by Commonwealth and overseas students, 28 per cent. Analysis of the total Sheffield clinic population showed that 28 per cent. of the patients were immigrants. Like their immigrant brothers, students from overseas appeared to suffer the stresses and strains of resettlement and home-sickness, and this may be akin to, or part of, the "displacement syndrome" reported recently by Goodall (1966).

The second and third points may be taken together, namely the marked rise in the number of student patients in 1964 and 1965 and the fact that the latter is accompanied by a substantial rise in the incidence of sexually-transmitted diseases. The figures for students per 1,000 were 2.9 in 1961 and 5.5 in 1965 compared with 1.0 and 1.6 respectively for the total population. No figures for an age-comparable group in the general population are available. Only a modest part of the rise in the number of student patients can be accounted for by the increase in total population. The rise in the number known to be at risk to infection has been followed by a rise in the incidence of disease. One is left with the impression that some degree of promiscuity exists amongst the students and that the situation requires to be watched.

Can we account for these changes? The situation is a complex one, involving many personal factors. We can, however, speculate on the social situation. The universities and the colleges have, in recent years, been drawing from a teenage population which, by venereal disease and illegitimacy rates, indicates itself to be increasingly sexually-experienced. Furthermore, a higher proportion of students than formerly are first-generation university and college men and women and have perhaps been less exposed to traditional middle-class ways of thinking about sex. Another point is worthy of consideration—girls and women in all areas of further education

enjoy an increasing proportion of places and certainly a freedom which equals that of the men. Opportunities for sexual relations may well have been increased by the need for many to "live out". All these points, however, have formed a continuing process and they do not seem to account satisfactorily for the rises in the last 2 years.

On a narrower front it is well recognized that university and college administrators throughout Great Britain have not found it easy to give a simple answer to the changing outlook engendered by what has been called the "new morality" and to offer anything more constructive in the way of guidance to students other than "don't" (Committee on the College Student, 1965). It is now 2 years or more since it became generally known that the Sheffield Student Health Service was willing to offer contraceptive advice to undergraduates whether married or not. Is it possible that this liberal attitude on the part of authority has been interpreted by students as licence? This is a matter for serious consideration, in view of the fact that efforts are being made in many quarters of the country to provide facilities for contraceptive advice to the unmarried generally.

Summary and Conclusions

The number of students seeking advice after exposure to the risk of acquiring sexually-transmitted disease has increased much more rapidly than the growth of the student body in the years 1961 to 1965.

As in our population as a whole, the morbidity rate in those from overseas has been higher than in

UK-born students, but this difference has become less obvious in recent years.

There seems little doubt that sexual intercourse is a more common experience for students in recent years. The data suggests that some of this marginal increase is of a promiscuous nature.

Some of the possible reasons for these changes are discussed.

REFERENCES

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Les étudiants comme malades des dispensaires anti-vénériens

RÉSUMÉ

Le nombre d'étudiants cherchant des conseils après s'être exposés à un risque d'infection aux maladies transmissibles par les rapports sexuels a augmenté beaucoup plus rapidement que l'accroissement du corps d'étudiants pendant les années 1961 à 1965.

Comme dans la population générale le taux de morbidité chez ceux venant d'outre-mer a été plus élevé que chez les étudiants nés au Royaume-Uni, mais cette différence est devenue moins évidente pendant les dernières années.

Il semble qu'il y ait très peu de doute que les rapports sexuels sont une expérience plus commune parmi les étudiants pendant ces dernières années. Les relevés suggèrent qu'une partie de cette augmentation marginale est le résultat de la promiscuité.

Certaines des raisons probables qui expliquent ces changements sont discutées.