

Teenage sexual ill-health in Britain linked to broader social malaise

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A study by the Public Health Laboratory Service (PHLS) shows that “there is substantial sexual ill health among teenagers in England and Wales” and that “recent data are consistent with a worsening trend”.

The report, published in the May 15 edition of the *British Medical Journal*, shows that British teenagers now have the worst sexual health in Western Europe. Figures for England and Wales indicate that, after a slight improvement in the early 1990s, sexual ill-health has got progressively worse. Long-term effects include cervical cancer, infertility and increased susceptibility to HIV.

The PHLS study analysed national data from 1996 relating to sexual disease among teenagers in England and Wales; birth and termination statistics from the Office for National Statistics; and reports from sexually transmitted disease clinics; these were compared to figures for 1995.

The study revealed that recorded instances of gonorrhoea diagnosis amongst 16-19 year olds—which fell consistently between 1991-1994—rose by 34.5 percent amongst girls and 31.2 percent amongst boys. The increases—which occurred in virtually every region—followed a smaller rise between 1994 and 1995. Instances of genital warts (first attack) and chlamydia were up by approximately 12 percent and 17 percent respectively for both sexes. Genital herpes (first attack) also rose for girls by 1.5 percent.

The study also revealed that abortions amongst 16-19 year old girls rose by 12.5 percent (14.5 percent for under 16s) and pregnancies by 4.6 percent (6.7 percent for under 16s) during 1995-96. The increases reversed previously declining trends in the early 1990s. Teenage birth rates in England and Wales were the highest in Western Europe. Girls aged 16-19 account for the highest rates of gonorrhoea, chlamydial infection and

genital warts. Figures for 1997 are not yet available.

An editorial in the same journal by Martin McKee, Professor of European Public Health, points out, “Even before this deterioration there were considerable grounds for concern as the United Kingdom had the highest teenage pregnancy rate in western Europe, with birth rates among 15-19 year olds seven times those in the Netherlands, where, although rates of adolescent sexual activity are comparable, contraceptive use is much more common.”

McKee pointed out that British teenagers also compared unfavourably with their European counterparts in several additional areas—most notably drug and alcohol abuse. A report by the European Drugs Monitoring Centre at the end of 1998 showed that British teenagers were more likely to have used all categories of illicit drugs than their counterparts in any other European Union country. Fifteen-year-old boys in Wales and Northern Ireland were amongst the highest in Europe in terms of weekly consumption of alcohol.

The editorial questioned whether, taken together, the statistics indicate “a more fundamental malaise”—citing the increase in poverty and poor educational attainment that has also occurred in Britain over the last years. “A good general education is a major factor in delaying pregnancy”, it continued, but the UK has “a long tail of underachievement”, vying with the United States for bottom place amongst the major industrialised nations of literacy, numeracy and basic skills.

McKee also noted that “many more families live in poverty in the United Kingdom than in the rest of the European Union and rates have increased markedly in the past 20 years. Although the exact nature of the relation between poverty and risk taking behaviour is complex, it undoubtedly exists. To take just one example, being below the poverty threshold has an

independent effect on both smoking and ability to quit.” In addition family time has become increasingly limited as British parents now work the longest hours in Europe, a factor “exacerbated by increasing shift working with the growth in 24 hour service industries”. This limits the amount of time parents have to provide the necessary support for their children.

Such statistics should be treated as a whole, McKee argues, rather than the individual approach taken by the government up to now—appointing a drugs “tsar” for co-ordinating policy on illegal drugs and the health unit drafting proposals to tackle teenage smoking. “The first report from the government’s social exclusion unit paints a graphic picture of what is wrong with Britain today, illustrating clearly the complex interaction between poverty, low educational achievement, and health”, McKee concludes.

Health and social service departments have called on the government to provide better standards of sex education in schools—pointing out that the growth of teenage pregnancies and sexual ill-health was not because British youngsters were more sexually active than their European counter-parts, but were less well informed of the consequences.

Such measures are unlikely to be enacted, however. The British Pregnancy Advisory Service had already complained that Prime Ministers Blair’s insistence on “consensus politics” meant the government was very reluctant “to get off the fence” on controversial issues. Almost immediately the Tory Party has made clear its opposition to a further “openness” in sex education. Shadow Health Secretary Ann Widdecombe said that teenage pregnancies and sexual ill-health resulted from the “lack of self-respect” amongst young girls and their inability “to say no”.

Even if such measures were implemented, they would fall far short of tackling the social malaise identified by McKee. Labour is committed to drastic cuts in public spending and welfare. They present low educational attainment, poverty and ill health as the result of individual “lifestyle” choices rather than the product of a social set-up that systematically discriminates against working people and has the most devastating impact on the young. Under these conditions, how is a generation that sees no possibility of social advancement—a decent education, good job and stable future—to be convinced of the need to protect its own well-being?



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