Biology, Behavior Raise STD Risks for Adolescents

BY MARY ELLEN SCHNEIDER
Senior Writer

New York — Adolescents are disproportionately affected by sexually transmitted diseases because of biologic, psychological, cognitive, and behavioral factors, as well as poor access to health care, Dr. Robin Recant said at a gynecology conference sponsored by Mount Sinai School of Medicine.

Female adolescents are biologically at higher risk for STDs such as chlamydia and gonorrhea because of the columnar epithelium on their ectocervix, said Dr. Recant, of the New York City Department of Health and Mental Hygiene Bureau of Sexually Transmitted Disease Control.

Both chlamydia and gonorrhea preferentially attach to the columnar epithelium, she said. Also, HIV acquisition and shedding may be increased with cervical ectopy.

Mucus production in the adolescent female is increased, but the mucus is thinner than in older women, which may make it easier for pathogens to attach to the epithelium. Adolescent females also have lower vaginal pH, though there are no studies on the significance of this in terms of STD infection, Dr. Recant said.

Psychological and cognitive factors also make both female and male adolescents more vulnerable. For instance, these young adults may not appreciate the consequences of their actions. "Their lack of foresight is often compounded by the use of drugs and alcohol," Dr. Recant said.

Adolescents also may have difficulty with complex, ordered tasks, such as correct condom use. And they may use sexual activity as a form of rebellion against their parents. Adolescents are likely to experiment both with relationships and sexual behaviors. And since they are going through a formative stage of social development, it may be hard for them to negotiate with older sex partners, she said.

On the behavioral front, sexually active adolescents frequently have multiple sex partners, putting them at greater risk for STDs. Adolescents are frequently serial monogamists who have a series of short-lived sexual relationships, Dr. Recant said.

The 2003 results of the Youth Risk Behavior Survey show that 53% of male high school students in New York City had had sexual intercourse and that 39% of female high school students had. In addition, the survey finds that 8% of female high school students and 25% of male high school students in New York City have had four or more sexual partners in their lifetime.

The 2003 Youth Risk Behavior Survey shows that among females, condom use dropped from 78% among 9th graders to 64% among 12th graders.

Trends over the past 10 years show an overall increase in the use of condoms by adolescents, Dr. Recant said, but that use decreases with the duration of the relationship and with age. Similar trends appear in data from the 2003 Youth Risk Behavior Survey. The survey shows that among females, condom use dropped from 78% among 9th graders to 64% among 12th graders. Condom use was higher in males but dropped from a high of 90% in 10th graders to 82% in 12th graders.

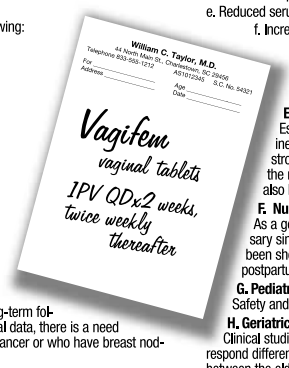
Adolescents may face greater risk from inadequate access to health care, and generally obtain health care services less often than older or younger individuals, Dr. Recant said. Also, some may not recognize the symptoms of a sexually transmitted disease or may be too embarrassed to seek care.

"Adolescents may not even be able to distinguish whether aspects of their health are physically normal or abnormal because their bodies are changing so rapidly," Dr. Recant said.

Confidentiality is another issue. Adolescents are more likely to seek care from physicians and other providers who ensure confidentiality, she said.

Some physicians contribute to the problem because they may not be comfortable discussing sexual behavior with adolescents. Sometimes physicians and other providers fail to take a sexual history or screen as recommended, she said.

Cost can be a barrier for adolescents. Those with insurance coverage may be afraid that their parents will see the diagnosis when they get the bill for the appointment, Dr. Recant said. ■



Pages 16a—16b