

## CDC: 1 in 4 Teenage Girls has an STD

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If you were looking for another indicator of the cultural malaise to which our young are subjected today, the Center for Disease Control (CDC) delivered last week. At the 2008 National STD Prevention Conference in Chicago, March 11th, they issued results of a nationally representative survey which found that slightly more than one in four (26%), or 3.2 million, teenage girls between ages 14 and 19 have contracted a sexually transmitted disease (STD). Among those infected, about 15% had more than one disease. Some groups had about twice the national average &ndash; nearly half of young African American women or adolescents in the survey had an STD.

Aside from the morbidity associated with any STD, the future consequences of acquiring an STD for women include possible infertility and cancer. The report indicated that HPV was the most prevalent disease among the study group. Overall, HPV is also the most common incurable STD in the country. This is particularly noteworthy since HPV is the second leading cause of cancer deaths among women.

These sobering figures drive home the fact that we are facing a veritable and undeniable public health crisis. They further point both to an ailing cultural landscape from which our flawed 'comprehensive reproductive health' approaches emanate, and through which our young people are forced to navigate. The dominant approach to STD control, which views human sexuality from a narrow, materialistic perspective, creates the illusion of 'safe sex', facilitates rather than discourages premature sexual behavior, and ultimately fails to deliver "protection" as advertised &ndash; perhaps especially to teenage girls who are more biologically susceptible to STDs.

The survey was strictly designed, of course, to measure only national STD prevalence among young women. One can only imagine the extent to which heartache, emotional distress, and other internal wounds afflict these 3.2 million young women &ndash; and countless others who have managed to escape the physical consequences of an STD.

This CDC report on the alarming STD rate among young women comes almost exactly a year after the American Psychological Association issued a disturbing report of its own. In the "Report of the APA Task Force on the Sexualization on Girls", they described the harmful effects that the younger and younger 'sexualization' of girls has had, and the risks to which it exposes them. The APA report encapsulated findings on the influence of the content of the various media within our culture, which relentlessly bombard young girls with sexualized messages. Some of the most prominent consequences of this premature 'sexualization' of young girls include depression, eating disorders, low self-esteem,



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and negative feelings about their bodies.

Troubling as the CDC report is, these high STD rates may not be as surprising to those familiar with the contents of the APA report. Seen in that wider cultural context, should we not expect elevated STD rates among young women and teenagers when our young girls are saddled with the burden of a toxic culture that objectifies and inhumanely sexualizes them in their childhood?

The first order of business, then, would be to roll up our sleeves and confront these harmful cultural forces that threaten rather than protect our young girls and women. The prioritization of sound public health principals such as “primary prevention” would help reinforce healthier cultural norms and the values that many parents strive to instill in their children. Primary STD prevention strategies such as abstinence should be promoted unapologetically, as sensibly modern public health messages, rather than relegated to the periphery. As it stands now, abstinence programs are outspent by a roughly 12:1 margin by ‘comprehensive reproductive health’ programs.

Essentially, we are confronted with two competing philosophical approaches to the STD crisis, which are manifestations of our present cultural divide. On the one hand, we may simply accept high or rising rates of STDs as the inevitable if undesirable byproducts of “what they are going to do anyway”, and seek mainly to minimize physical harm of known risky behavior. On the other hand, we may choose to portray the actual behavior that drives these epidemics, and the emotional distress that accompanies them, as avoidable and inadvisable. It is evident, if we only pause long enough to take stock and consider these contrasting points of view, that the former is self defeating while the latter befits the dignity of the human person and equips young people with confidence and hope.

If we are truly concerned about the integral well being and optimal life-long health of our youth, we must follow through with policies that emphasize the avoidance of behaviors that predispose young people to the risk of acquiring an STD in the first place. Still, the recommendations from the CDC convey their belief that the solution to our present crisis is more of the same technical “risk reduction” strategies or ‘comprehensive reproductive health services’ that have at least in part led us to this lamentable juncture. But it is unlikely that we can expect much of a dent in STD rates from an expansion of these measures, especially if we do not manage to achieve a shift in behavior.

After all, HPV can also be transmitted by skin to skin contact, rendering condoms ineffective against its transmission. Given this fact alone, the absence of a stronger call for primary prevention is curious, and even more so when you consider that the CDC did in fact issue a report in 2004 which indicated that abstinence was the best way to avoid contracting HPV.

The AIDS epidemic in Africa, though distinct from an epidemiological point of view, nonetheless gives us more painful evidence that the technical fix envisioned by international health bodies ended up a major disappointment, and perhaps even



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shortchanged those it was designed to assist. The main technical or bio-medical interventions employed to contain AIDS in Africa, such as condoms, treating other sexually transmitted infections, and counseling and testing services, have not led to declining rates of HIV there. Only shifts in actual behavior have.

In 2005, I listened to one young woman in Uganda tell her own personal story. Her parents had died when she was a young teenager, and things were tight. She went to live with an older sister, who eventually agreed to let a much older man pay for her school fees. This led to a sexual relationship, from which she contracted HIV and fell seriously ill.

She had the chance to tell her story to a number of African Bishops who had gathered in Uganda to further expand their response to the AIDS crisis in that part of the world. To them, and to all the adults present that day, she directed an urgent plea: **“Tell the parents and the adults out there to look out for their children - otherwise none of this would have happened.”**

Though the vast majority of the 3.2 million young women here in the USA have contacted an STD other than HIV, I suspect that many of them share a measure of this young Ugandan’s anguish, and her sense that those adults in her life, the guardians of culture, weren’t really looking out for her best interests. Without in any way diminishing the need for more individual responsibility as we confront our present STD crisis, it would be fair to say that like many young American women, she was led into harms way merely by complying with what was expected of her.

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To read more, click here (for his recent interview in Zenit)  
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