

beware of STDS

Shame and ignorance have produced an epidemic of **sexually transmitted diseases**. Here's how to protect yourself.

by John Sedgwick

Sarah T., the 25-year-old daughter of a Baptist minister and the pride of a tiny town in rural Georgia, never figured she would catch a sexually transmitted disease. For one thing, she hardly knew what an STD was. Her mother made sure she stayed innocent about sexual matters. "When I had my first menstrual period, I thought I had cut my leg," she says. Besides, Sarah was a nice girl. She dated a little in high school but got no further toward sexual congress than a few kisses in the back of the gymnasium. Her parents would have killed her otherwise. "I was supposed to stay a virgin until I said 'I do.'"

It was at the University of Georgia that Sarah met Reggie, a funny, fast-talking biochemistry major. Although she had misgivings about the idea, she started sleeping with him a few months into the relationship. Reggie was never keen on condoms, and he assured her that the spermicide she was using with her diaphragm would protect her. "I guess that shows how much biochemistry he knew," she says. She started feeling mild aches in her lower abdomen a few weeks later. At first, she thought nothing of them, but the pain gradually worsened. And one afternoon when she was at the restaurant where she worked part-time, she gave out a gasp and collapsed in agony onto a countertop.

Sarah was in the hospital for four days before her doctors made the diagnosis: gonorrhea. "When they told me, it was like, what? Gonorrhea? What? A nurse had to come in and show me things about it in a book," she says. Antibiotics

cleared up the infection in a matter of days, but several years later, Sarah still hasn't managed to cleanse herself of the idea of it. "I thought gonorrhea was one of those things that other people get. I felt totally filthy." She still hasn't told her parents. "If I told my mother I had a yeast infection, it was 'Oh my God, what's my child been doing?' Now I'm supposed to tell her I had a sexually transmitted disease?"

She did tell Reggie, who promptly went to a clinic and had himself tested. He told her the results were negative, although he said that the clinic put him on antibiotics anyway "just in case." Sarah wondered about that—wondered about Reggie's sexual life before she knew him and after, but she tried to keep her worst fears at bay. The two have stayed together, but she admits that the relationship has not recovered its initial bliss. "It's been a struggle from the sexual standpoint," she says with a sigh. "Right now, I could do without the sex, to tell you the truth. If I got another STD, I'd be suicidal."

You might have thought that all the other STDs had politely exited the stage when HIV came on the scene. But, of course, they have stayed with us, working their secret misery all the while. If anything, the numbers of the afflicted have grown over the past 20 years, and so have the varieties of the diseases themselves. Aside from the old standbys syphilis and gonorrhea, there are chlamydia, genital herpes, human papilloma virus (HPV), hepatitis B, trichomoniasis and more than 20 others. Twelve million new cases of STDs are diagnosed every year, many of them incurable. Two thirds of the total are

acquired by individuals under 25 years, which undoubtedly reflects their unmarried status. But the percentage is increasing among 30-to-40-year-olds, as the high divorce rate pushes these aging baby boomers back into an increasingly risky dating game. One American in five is now carrying an incurable STD, a percentage that leads the industrialized world; these viral STDs are more common than allergies.

While they affect both sexes in roughly equal numbers, STDs work the greater devastation on women. In part this is because sexually active women have no way of protecting themselves short of using a female condom, which many women find cumbersome. All other contraceptives for women—such as the pill, diaphragm or IUD—are of little use against an STD. But a larger factor has to do simply with the nature of women's reproductive anatomy, which offers a number of hollow places—the vagina, the uterus and the cervix—for infections to hide in and fester. Chlamydia, for example, is a sexually transmitted bacterium that lodges in the reproductive tract where it often produces no symptoms at all, although it can result in vaginal discharge and painful urination. Left untreated, chlamydia can lead to pelvic inflammatory disease (PID), a painful condition that can, in turn, cause infertility and ectopic pregnancy. The Centers for Disease Control and Prevention (CDC) estimates that chlamydia causes 40 percent of all cases of PID, at an annual cost of \$1.7 billion in medical expenses and lost wages. There are 4 million new cases of chlamydia every year.

Despite these startlingly large numbers, medical science has made few advances in the treatment of STDs since the development of antibiotics at mid-century. Before penicillin, syphilitics of both sexes filled the nation's mental wards, and the offspring of women with gonorrhea swamped our institutions for the blind. With antibiotics, however, both of these bacteria-caused diseases—the most severe of the non-HIV STDs—can be effectively treated once they are discovered. But, like chlamydia, gonorrhea isn't always easy to detect, and like so many other bacterial infections, it is developing into some antibiotic-resistant strains, or, as one gynecologist called them, "superbugs." One such strain has been traced back to Subic Bay Naval Base in the Philippines, where prostitutes used antibiotics so often to treat gonorrhea that the bacteria became resistant to most drugs. The women then transmitted the superbug to soldiers on R and R from the Vietnam War and those men brought it to the U.S.

As a bacterial infection, chlamydia can also be treated with antibiotics; indeed, it is often cured by accident in the course of treatment for some other infection. The hard part is to discover it before it causes complications. Tests for chlamydia can be mass-produced for less than \$4 apiece, yet despite the epidemic nature of the disease, the tests are only rarely part of a standard gynecological exam. "I know women who almost had to fight their doctors to get a chlamydia test," says Peggy Clarke, president of the American Social Health Association (ASHA), which combats STDs. "Why should that be? I can't figure it out." Especially since screening actually seems to help control

Like so many other bacterial infections, gonorrhea is developing into some antibiotic-resistant strains, or "superbugs."

risky be

STDs

Remember when you were a kid and your mischievous friends warned that you could get pregnant from a toilet seat? Or that you could get a sex disease from a doorknob? It didn't take long to figure out that these were myths, yet the fears they engendered never completely left us. Throughout our lives, most of us remain a bit leery of sitting on toilet seats and squeamish about bathroom doorknobs, and, sadly, we remain pretty vague about exactly how you do get a sexually transmitted disease (STD).

Now, more than ever, we need to know as much as possible about these diseases, but our Puritan heritage keeps good, useful information just out of reach. Can you get an STD from kissing? Is a smooch a sex act that transmits a disease? Or do your genitals have to be involved? How involved? When you don't know someone's STD status, the relative dangers associated with high-risk behaviors are even tougher to determine. As a result, all of our intimate behaviors become suspect, from kissing to holding hands to drinking from the same cup, and amid so many unknowns, we tend to treat them the same. That's a dangerous thing.

In an effort to clarify exactly what behaviors involve the highest risks for contracting various STDs, we have prepared this chart. Because there are few reliable studies on specific intimate acts of sex besides vaginal intercourse, the information is not based on a multitude of statistics. Instead, it was compiled from interviews with and judgments made by more than 20 experts on infectious diseases and reproductive health from the Centers for Disease Control and Prevention and the American Social Health Association, and public health researchers in Seattle and New York City.

incidence

visible symptoms

what you need to know

where the danger is

The measures here are of relative risk; that is, they create a scale in which it is reasonable to state that for chlamydia, kissing is much less risky than vaginal intercourse. A rating of 1 or lower signifies very little risk to an uninfected woman of contracting a sexually transmitted disease—meaning far less than a 1 percent probability. On our risk scale, 5 equals considerable risk, 8 equals high risk, and 10 signifies very high risk. Like scientists, doctors and STD experts have difficulty saying "never" or "no risk" as long as a theoretical possibility exists, so there are few ratings of zero.

AIDS has, of course, made the idea of relative risk difficult. Many HIV experts warn that when a disease is lethal and a partner's HIV/AIDS status is unknown, any intimate behavior should be avoided if it puts you at risk. Therefore, this relative risk scale is weighted to account for the far greater danger that AIDS poses to a sex partner. Top officials at the National AIDS Hotline instruct their 230 staffers to tell callers that all anal, vaginal and oral sex is high risk, and should be engaged in only if partners use a condom—and use it very carefully.

haviors

by Jonathan Greenberg

genital herpes (with symptoms)	genital herpes (no symptoms)	chlamydia	HIV (AIDS)	genital warts (HPV)	gonorrhea	syphilis
At least 30 million Americans have genital herpes, usually caused by herpes simplex virus type 2 (HSV2), with 500,000 new cases annually.	Perhaps one third of herpes sufferers show no symptoms but can transmit the disease; another third have mild, infrequent outbreaks that have not been properly diagnosed as herpes.	4 million new cases per year	1 million Americans infected, with 45,000 new cases each year	40 million Americans infected; 1 million new cases each year	1.1 million new cases per year	120,000 new cases per year
Blisters or painful sores in the genital or anal area, often preceded by itching or burning sensation	There are no symptoms. That's the problem.	Abnormal genital discharge and burning during urination, but usually asymptomatic	Often asymptomatic until AIDS develops, typically with flu-like symptoms: fever, loss of weight, fatigue, enlarged lymph nodes	Painless, fleshy, cauliflowerlike warts in genital area	Abnormal genital discharge and burning during urination. Women may feel abdominal pain during sex; men, a swelling of the testicles.	A painless sore (chancre) generally on genitals or in the vagina appears first, then a rash and flu-like symptoms weeks or months later.
It is spread by skin-to-skin contact. The antiviral drug acyclovir can reduce outbreaks. Experts believe only one third of people with herpes know and acknowledge they have it; another third misdiagnose it (some out of denial), while others carry it but have no outbreaks. Many have periodic outbreaks throughout their lives. When both partners have it, they can have unprotected sex with little risk of reinfecting one another. Most labs cannot test for herpes unless a lesion is present. A blood test to diagnose HSV2 even when asymptomatic is now in the research stage; it should reach the market by 1997.	Recent research on transmission reveals the danger of "asymptomatic shedding," which makes an infected person contagious even in the absence of visible lesions or the tingly feelings patients often report. Asymptomatic shedding is thought to occur 6 percent to 10 percent of the year following a primary outbreak, then just 1 percent to 2.5 percent of the days of subsequent years. The problem is knowing which days these are. Experts believe this shedding is responsible for more than half of all herpes transmission.	A bacterial infection that is entirely treatable if detected, it is asymptomatic in as many as 75 percent of women and 25 percent of men. May cause pelvic inflammatory disease if left untreated; like many STDs, it is often not detected in Pap smears. Sexually active women should consider regular tests for chlamydia. Transmitted mostly by vaginal or anal intercourse.	A viral infection that progressively destroys the body's immune system, HIV is generally transmitted through blood-to-blood or semen-to-blood contact. HIV experts resisted rating risks numerically for this chart, noting AIDS is an incurable, fatal disease. Disputes rage over the risk of oral sex, especially in view of recent research that found elements in saliva and vaginal fluids that may protect against HIV. Vaginal sex is less risky than anal sex, which causes more trauma through which semen can infect blood. Ejaculate carries the heaviest dose of virus—so withdrawal greatly reduces risk.	There are up to 90 strains of human papillomavirus (HPV), some of which result in warts, many of which aren't transmitted through sex, and others that cause no symptoms. Spread through direct skin-to-skin contact. Some types of HPV—although not those that cause visible warts—can contribute to cervical cancer. Most, however, are thought to be harmless to both men and women. Yearly Pap smears will detect the kind of HPV-caused abnormal cell growth that may progress to cervical cancer.	A bacterial infection that, like chlamydia, is asymptomatic in most women and about 25 percent of men. It is entirely treatable if detected but can lead to pelvic inflammatory disease or infertility if untreated. Also not detected by Pap smear. Transmitted through vaginal, anal or oral sex.	Syphilis can be asymptomatic for much of its course. A bacterial infection easily treated, but when left untreated can cause blindness, heart disease and death. Transmitted through vaginal, anal or oral contact with a person who has an active infection.

behavior	relative risk on a scale of 0 to 10						
Vaginal intercourse with infected partner without a condom	10	6	10	10	10	10	10
Vaginal intercourse with infected partner with a condom (used properly!)	7	2	1	2	7	1	1
Oral sex on partner's infected penis	10	4	1	4 ^{††}	2	3 [†]	3 [†]
Oral sex on infected vagina	10	4	1	2 [*]	2	1	2
Having partner rub bare penis against vulva (no penetration)	8	4	1	2	9	1	2
Deep French kissing	N/A	N/A	N/A	1 [*]	N/A	0 to 1	0 to 1
Touching infected partner's penis (or having him touch himself), then touching your genitalia	4	1	0 to 1	0 to 1	4	1	1
Letting infected partner kiss you on body (other than anal-genital or oral region)	N/A	N/A	N/A	0 to 1	N/A	0 to 1	0 to 1
Sharing towel with infected partner. (Risk from toilet seat is even lower.)	2	0 to 1	0	0	1	0	0 to 1

*Risk is far greater if either partner has open sores or infections at the site of contact. †Risk is greater if you swallow ejaculate.

the disease. After a demonstration program involving automatic screening for chlamydia began in the Pacific Northwest, Clarke says, the percentage of women with that particular STD dropped by more than half.

Viral STDs are another matter. There are no cures for HPV, which can cause genital warts, or for genital herpes, although the drug acyclovir does help to control outbreaks of herpes with a minimum of side effects. Nor has there been any progress toward developing vaccines for either. Although the severity of these viral STDs pales beside that of HIV, the idea that our bodies might forever harbor such an unfriendly organism is not a pleasant one. The virus that causes genital herpes, for instance, takes up permanent residence along the nerve endings at the base of the spine, ready to cause an outbreak of open sores the moment stress, sleeplessness or any other immune-system suppressor lowers the body's defenses.

Genital herpes burrowed its way into the national subconscious in the Seventies and was so widespread and considered so horrible by 1982 that it made the cover of *Time* magazine. Only the scourge of HIV pushed it from the limelight. Herpes did not go away, however. The number of cases is up over 30 percent, to more than 30 million. HPV, likewise, with its tiny cauliflowerlike warts, produces up to a million new cases a year; at this moment, a total of 40 million Americans have it.

Such STDs may not be life-threatening, but because they strike at our sexual selves, the emotional toll can be severe. STDs continue to bear a stigma that will never be associated with, say, heart disease or flu, and this stigma increases the ramifications of the disease far beyond its strict medical impact. The severity of the emotional response from their patients confounds some doctors, who are trained only to consider physical symptoms. "People go absolutely bananas when they learn they're infected with herpes," says one mystified medical epidemiologist at the CDC. "The way they act, you'd think it affected their brains."

More palpably than anything else in the culture, the warts and blisters of STDs convey the awful feeling of sinfulness—both for the person who gets one and for the relationship that spawned it. Every STD comes from somebody else, and its appearance invariably sparks unpleasant questions about exactly whom. As such, the STD is a ghostly third party to the relationship, an awkward reminder of a sexual past—or scary hint of unexpected ramifications of a sexual present. It is tricky enough when the STD is brought into a new love affair openly. It is especially destructive when an STD comes into a long-standing relationship unbeknownst to the uninfected partner until it is too late. Even when the couple survives the psychological onslaught, there is the wearying practical dimension of coping daily with an STD that, too often, is forever.

Given the new political conservatism across the country, the social stigma is not likely to abate any time soon, and that alone ensures that the number of people afflicted with STDs will continue to rise. "There is a pretty high degree of social hypocrisy right now about addressing STDs in a forthright manner," says

Allan M. Brandt, Ph.D., a professor at Harvard Medical School and the author of *No Magic Bullet*, a history of venereal disease. One might think that the AIDS epidemic, which kills hemophiliacs and babies along with homosexuals, would have taught Americans that viruses are not agents of morality, but the opposite seems to have occurred. Dr. Brandt believes the country has returned to a moral viciousness that last prevailed at the turn of the century before penicillin. Back then, a case of syphilis could cover you with boils and lead to blindness, madness and death. This horrible illness was widely viewed as an appropriate punishment for sexual "misconduct."

As with AIDS, other STDs have not yet been able to shake the association between sex and immorality, even though fewer and fewer individuals conform to the disease-free ideal of a marriage between two virgins who remain faithful for life. "To continue to insist that everybody engage only in monogamous heterosexual sex," says Brandt, "well, it seems pretty late in the twentieth century for that."

Before AIDS, the country roused itself against STDs only twice in this century, and both times it was solely to protect our soldiers in wartime. (One typical anti-VD poster showed Hitler grinning as he looked over a hospital ward filled with American soldiers suffering from venereal disease; the legend read "Sex Exposure Without Prophylaxis Is a Help to the Axis.") Brandt finds it appalling that, as the death count from AIDS mounts, the nation's TV networks cannot bring themselves to allow condom ads—even as they fill the airwaves with the titillating programs that make condoms ever more necessary.

This social embarrassment extends to the medical profession, which remains remarkably squeamish about STDs as well. While doctors freely ask their patients about smoking, few inquire about the kinds of sexual behavior that might suggest the patient be tested for an STD. "It's a classic don't ask, don't tell situation," says Clarke. "There is a disconnect between what goes on in the bedroom and what is discussed in the medical office."

Unfortunately, the infection rates will continue to grow as long as Americans continue to put themselves at risk by having unprotected sex. With so many people carrying diseases nowadays, an STD is almost impossible to avoid without a strict reliance on condoms. Yet people continue to cling to the illusion that it is somehow possible to tell a carrier just by looking and thereby avoid the disease: a truly foolish risk at a time when STDs are virtually omnipresent. An ongoing study conducted at the University of Washington found some 80 percent of the female students tested were infected with HPV.

It is astounding to think how rampant these diseases are. Suzanne B., a recent graduate of the University of North Carolina, came down with chlamydia the first time she had sex with a new boyfriend. They used the withdrawal method, thinking they were being careful, and the disease turned up after an irregular Pap smear. Suzanne, who was 19 at the time, was shocked until she started consulting her close friends. "There are five of us," she says, "and all of us either have HPV or chlamydia. It's, like, amazing." One friend had been infected by a married man, another on a one-night stand, a third from "some guy." And so it went. Suzanne's circle was surrounded by a sea of disease. "I guess it's because we're all still in the fun stage of relationships," she says. "Somehow it makes it serious if you use a condom."

The 1988 National Survey of Family Growth showed that only 13 percent of never-married women used condoms consistently. Foolishly, condom use tends to decline sharply as a new relationship progresses, even though the length of a love affair says nothing about the likelihood that one or the other partner is carrying a disease. Only a test can (continued on page 139)

Most STDs are not life-threatening, but because they strike at our sexual selves, the emotional toll can be severe.

One American in five is now carrying an incurable STD, a percentage that leads the industrialized world.



Fragile though it is, the condom is the only way to protect yourself from STDs. And it isn't a completely safe barrier against HPV or herpes. To avoid infection, you should learn all you can about these diseases.

The one way sexually active women can protect themselves is by using a female condom, which many find cumbersome.



Doubling up on contraceptives may seem like a good idea, and some researchers suggest that a condom paired with a diaphragm offers added protection. But never use a female condom with a male condom, as shown here.

stds

(continued from page 102)

reveal that. For those who are sexually active with an untested partner, condoms are the sole solution.

After her divorce, Beth D. had always been very careful with her new boyfriend, Jim, using condoms religiously for the first few months of their relationship. One Sunday afternoon down at Jim's ranch, they got, as she says, "caught up." Two weeks later, Beth felt an itching, burning sensation deep inside her vagina. "I was really in pain," she recalls. "I kept thinking, What's going on?" She put off making an appointment with her gynecologist, possibly because she was afraid of what she might find out. By the time she did, she and Jim had broken up. The diagnosis was everything she feared: genital herpes. "I was pretty freaked," Beth says. "All I could think was, Who'll have me now? My every thought had herpes at the end of it. Every time I passed a telephone pole, I thought about running my car into it."

But herpes is not a death sentence, and gradually, Beth learned to live with it. One thing that helped was to go to a group meeting for people with herpes and to see how many people just like her were there. "There were lawyers, nurses, eye doctors," she recalls. "All of them just like me." Seeing them all made her realize that herpes was just a disease, however much she had imagined it as something more.

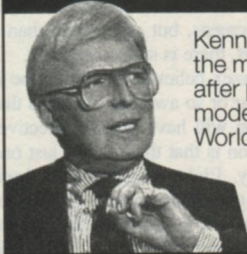
And it helped her understand that while it was a mistake to expose herself to an STD, it was a bigger mistake to have had sex with a man she knew wasn't going to be important in her life. While she is certainly not happy about it, she has come to see her herpes, at least, as a useful test of a potential mate's affection. A relationship has to be fairly solid before she can deal with the prospect of making it physical. And despite her fears that she was tainted forever, Beth discovered that, with only one exception, men did not reject her once they learned of her condition. Within a year, she fell in love and married again. It's been two years now, and her husband has not yet been infected. Possibly more important, he is not overly concerned. "He thinks I'm worth the risk," says Beth happily. Such STDs aren't the end. They can be a beginning. □

Some of the details of the accounts of STDs in this story have been changed to protect the privacy of the individuals involved. If you would like more information about STDs, call the National STD Hotline, 800-227-8922, or the ASHA Healthline, 800-972-8500.

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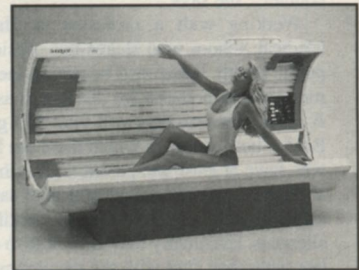
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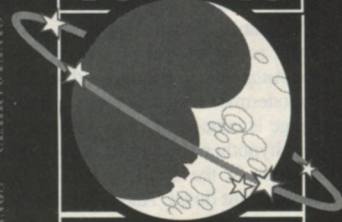
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