

EDITORIAL**SEXUALLY TRANSMITTED INFECTIONS IN THE YOUTH:
A CHALLENGE FOR NATIONAL DEVELOPMENT**Workenesh Ayele, PhD^{1*}

An ambitious global agenda to transform our world by 2030 has resulted in the articulation of seventeen sustainable development goals (SDGs) by the United Nations, one of which is the promotion of good health and well-being of people throughout the world (1). Good health is one of the bed rocks to drive the global development agenda and this holds equally true for driving the development of individual countries as well. Ensuring good health is as central to securing a capacitated workforce as is education and skill development. Thus giving special attention to safeguarding the health of young people is vital as they are the future and the upcoming drivers of national development. Hence it makes sense to address their health issues from the perspective of diseases and illnesses which disproportionately affect them.

Sexually transmitted infections (STIs) are major public health problems worldwide affecting adults of all ages. They are caused by a diverse array of more than thirty different pathogens, including viruses, bacteria and parasites (2). Over one million new STIs are acquired daily and approximately 360 million new infections occur worldwide with one of four STIs (chlamydia, gonorrhea, syphilis and trichomoniasis). Although some STIs may also be passed on vertically (mother-to-child), by and large STIs are significant causes of morbidity among adolescents and young adults and almost half of all newly acquired STIs occur in people aged 15-24 years (3). Not surprisingly perhaps, developing countries are disproportionately affected by STIs, in large part due to their predominantly young demographic base (4).

The majority of people infected with STIs do not show overt signs of infection which could result in underestimating the magnitude of the problem. The syndromic approach used in developing countries relies less on laboratory diagnostic capabilities (often not available/not accessible) and more on clinical observations to diagnose STIs (5). Individuals may transmit STIs unknowingly, and this presents a special challenge to limit the spread of these infections. The concern extends beyond the immediate impact of the infection itself as there are profound long term sequelae on sexual and reproductive health such as infertility, cervical cancer, tubal or ectopic pregnancy, stillbirth and perinatal or congenital infections in infants born to infected mothers (6).

Several studies from Ethiopia have reported on the extent of risky sexual behavior among school age youth and university students which predispose youngsters to STIs (7-10). The significance of these findings cannot be overstated since a nation's health may be at peril if the trend is not checked. It is particularly worrisome that such risky behavior is taking place in institutions of learning where one might reasonably expect young people to have better access to health information. An article has been included in the present issue of the Journal which corroborates previous reports pointing to this growing challenge. The study assessed the magnitude of STIs in school youth in Bahir Dar using a self-administered questionnaire to collect information. The obvious limitation in study design aside (self-reporting of STIs and inherent recall bias), the study still provides evidence that a sizable proportion of the youth were engaged in extremely risky sexual behavior that threatened to put their entire future in jeopardy. This fact coupled with the poor treatment seeking behavior of the students for themselves and their partners, is unsettling. Taken together with similar reports from around the country, these findings should spark a national dialog on where we go from here. The warning signs are already visible. It is clear that it will be far easier to contain the smoke than to try and put out a fire once it gets out of control, and that the time for action is now.

What options and interventions then, do we have at our disposal to turn events around and safeguard the health of our youth? The question is a critical one for the future of the country, because recognizing what is at stake, will make negligence on the matter unacceptable. Adolescence is a turbulent period for most young people, and helping them to transition safely to adulthood entails understanding their needs and taking steps to increase the likelihood of protecting them from the threat of potentially devastating diseases. The idea of launching youth friendly reproductive health (RH) services within schools and universities and integrating these with health facilities should be widely entertained. Likewise all opportunities in schools, including sports and entertainment platforms, as well as social media channels should be exploited to provide continuous sexual health education tailored to the needs of adolescents. These actions will help young people to recognize signs of STIs and seek prompt treatment without feelings of shame or fear of judgment. Hotlines in schools providing anonymous telephone counseling should be considered, as well as face-to-face counseling for young people in or-

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der to help them promote their own health by refraining from practices that would heighten their risk of exposure to STIs. For all the emphasis on development, it should be remembered that nothing is a given. Negligence towards the undeniable sexual health problems of adolescents in institutions of learning literally risks eating away at the hard-earned development gains made so far. It is not difficult to imagine the broader implications for the country. Development is entirely unthinkable without a healthy workforce, and it is time to recognize that it is not only health, but development itself that is endangered.

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