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For as long as there has been sex, there have been sexually transmitted infections.

Even early human primates such as Neanderthals are believed to have suffered from HPV — the virus that causes genital warts and cervical cancer.

But rates of infection and transmission are dynamic, of course. They change in line with social and cultural factors. And right now, it seems we are in the midst of a sexually transmitted infection (STI) boom.

Last week, Dr Aisling Foy, a specialist in genitourinary medicine (GUM) at St James's Hospital, made an appearance on the *Pat Kenny Show* on Newstalk to sound the alarm about the rise in STIs.

A rise so significant that last month it was described by doctors in the midwest as "unprecedented".

The increase in diagnoses affects multiple countries, including Ireland, the US and the UK.

Data suggests young people are having less sex than their parents or grandparents did, so it seems counter-intuitive that GUM clinics worldwide are busier than ever.

Perhaps reports of a new mood of temperance among the young, widely feared to be growing so atomised they can only form connections with their devices, have been exaggerated?

But if the return of infections like gonorrhea and syphilis (a disease that was nearly eradicated around the millennium) sounds like a step backwards, it's worth remembering that, in some respects, it is progress that is driving this change.

For my generation, born in the 1980s, who came of age in the 1990s and noughties, HIV meant the spectre of death was ever-present in casual, unprotected encounters. In the early 1990s, HIV was the leading cause of death among Americans aged 25 to 44. The prognosis, we'd had it drummed into us, was terminal. And condoms were the only prophylactic.

But then came antiretroviral therapy (ART), a breakthrough in treatment which in many cases can suppress viral load to the extent that it is undetectable in the bloodstream. Risk of transmission plummets.

The fear of HIV as a death sentence that for so many people tapped into residual religion-inculcated shame around sex, appears to have been more or less neutralised.

STIs have been rising exponentially for more or less the last decade.

Perhaps unsurprisingly, this timeframe coincides with the breakthrough research in HIV treatment in 2010, after which a single daily dose of antiretrovirals was proved effective at keeping the disease in check.

Medical advances in STI treatment and prevention, including the HPV vaccines, meant the stakes of unprotected sex were drastically lowered.

But there's been a big jump in transmission, too, since the Covid pandemic.

In the early stages, rates of infection fell — not unsurprisingly, since we were all on stay-at-home orders. After the restrictions were lifted, experts predicted a "summer of love"-style embrace of hedonism.

But perhaps it's also true that the pandemic has changed the way lots of people think about risk and pleasure.

Maybe, after Covid, we internalised the message that human contact of any kind always carries some risk of infection, and that, on balance, the risk is worth it.

Speaking to Pat Kenny, Dr Foy expressed her dismay at the fact that for many of the young people she sees, "condoms do not seem to feature".

This supports evidence from the US that suggests Gen Z just don't do condoms. According to a survey carried out by the Centre for Disease Control, condom use among high-school students declined from 62pc in 2007 to 54pc in 2019. Perhaps after years of elaborate distancing measures, condoms now seem like a particularly intolerable barrier to intimacy.

It's not just Gen Z, of course, who are affected, but they remain the age group most likely to be diagnosed with an STI.

It's worth interrogating the psychology behind the behavioural changes driving the current rise in STIs. Otherwise, how can we ever hope to influence those behaviours or effectively address the issue of prevention?

We all have reason to be thankful that science has largely vanquished the most tragic outcomes of STIs. But nonetheless, the health burden they carry remains high — especially and, unfairly so, for women.

Diseases like chlamydia and gonorrhea can wreak havoc on the female reproductive system, causing permanent infertility. And then there is the disquieting prospect of a rise in cases of antibiotic-resistant gonorrhea.

Condoms, goes the refrain, remain the best protection.

But rather than repeating the message ad-nauseum, perhaps energy would be better channelled into securing ease of access to testing and treatment, and addressing remaining stigma, which puts people off seeking preventative care.

It would be a good thing if, in the future, we could take the same pragmatic attitude to sexual health as we do to other preventative healthcare. Post-Covid, we are well into the era of routine mass-testing for infection.

Shouldn't this attitude extend to STIs as well? Perhaps, like Covid, the future of vanquishing infection lies not in barrier methods but in testing, treating, and focusing on the development of new technology, such as effective vaccines.