

Short Commentary

Imperative for Action and Advocacy: Relevance of Sexually Transmitted Infection (STI) Education for adolescents

Parker Tia CMA and Tilghman Joan Ph.D. RN, CRNP, WHNP-BC, CNE*

Coppin State University, College of Health Professions, Helene Fuld School of Nursing, Baltimore, MD 21216, USA

*Corresponding Author: Joan Tilghman Ph.D. RN, CRNP, WHNP-BC, CNE, Coppin State University, College of Health Professions, Helene Fuld School of Nursing, Baltimore, MD 21216, USA; Tel: +1 4109516157; E-mail: JTilghman@coppin.edu

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In the United States, prevalence rates of many sexually acquired infections are highest among adolescents and young adults [1]. While sexually transmitted diseases (STIs) affect individuals of all ages, STIs have a high incidence among young people. The Centers for Disease Control (CDC) estimates that youth ages 15–24 make up just over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year [2]. In the United States, prevalence rates of many sexually acquired infections are highest among adolescents and young adults [2].

The reported rates of chlamydia and gonorrhea are highest among females during their adolescent and young adult years, and many persons acquire HPV infection at this time. Persons who initiate sex early in adolescence are at higher risk for STIs, along with adolescents residing in detention facilities, those who use injection drugs, adolescents attending STD clinics, and young men who have sex with men [1]. Factors contributing to this increased risk during adolescence include having multiple sexual partners concurrently, having sequential sexual partnerships of limited duration, failing to use barrier protection consistently and correctly, having increased biologic susceptibility to infection, and facing multiple obstacles to accessing health care [3]. The CDC recommends initiatives to effectively prevent and control the spread of STIs that include health services sexual risk assessment, chlamydia screening for sexually active women aged ≤ 25 years, and risk-based testing for other STIs [3].

STI prevention education should be integrated into the traditional educational systems to help combat this growing problem before it becomes an epidemic. Primary prevention and anticipatory guidance to recognize symptoms and behaviors associated with STIs are strategies that can be incorporated into any or all types of health-care visits for adolescents and young adults. Advocacy for education that is age relevant and realistic has to be integrated in educational strategies aimed at adolescents about risky behaviors that can predispose adolescents to an STI.

The identification and examination of influences on the rising number of STIs among youth and adolescents is needed. Health care providers should work with youth advocates, teachers and community agencies to seek to identify what factors are contributing to the increasing rate of STIs among adolescents; what types of education

in the areas of STI prevention are utilized that have demonstrated efficacy.

Initiatives aimed at community outreach, preventative education and peer educator trainings have proven to be effective modalities are proven to be effective practices to help decrease rates of STIs in any given population [4]. Engagement will provide an effective strategy to help minimize the incidence of STIs. Advocacy for the mobilization of community resources and community engagement is advocated as a strategy to communicate effectively with adolescents about risky behaviors and STI risk factors and approaches to decrease the incidence of STIs among adolescents. Health care providers must work diligently to identify and implement strategies that include education, screenings for STIs, per counseling to mobilize resources to address the problem of STIs in adolescents. STI prevention initiatives should focus on behaviors that are relevant and focus on adolescents that consider social, psychological, and structural barriers that may impede health seeking for screening and treatment of STIs. Healthcare providers must consider influences on the incidence of STIs and provide information in the form of education, screening, and treatment modalities that are effective in providing health care and education to the adolescent population.

References

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