EARLY ACCESS TO SEXUAL HEALTH EDUCATION AND FAMILY PLANNING RESOURCES: AN AVENUE FOR MITIGATING SEXUAL AND REPRODUCTIVE HEALTH DISPARITIES

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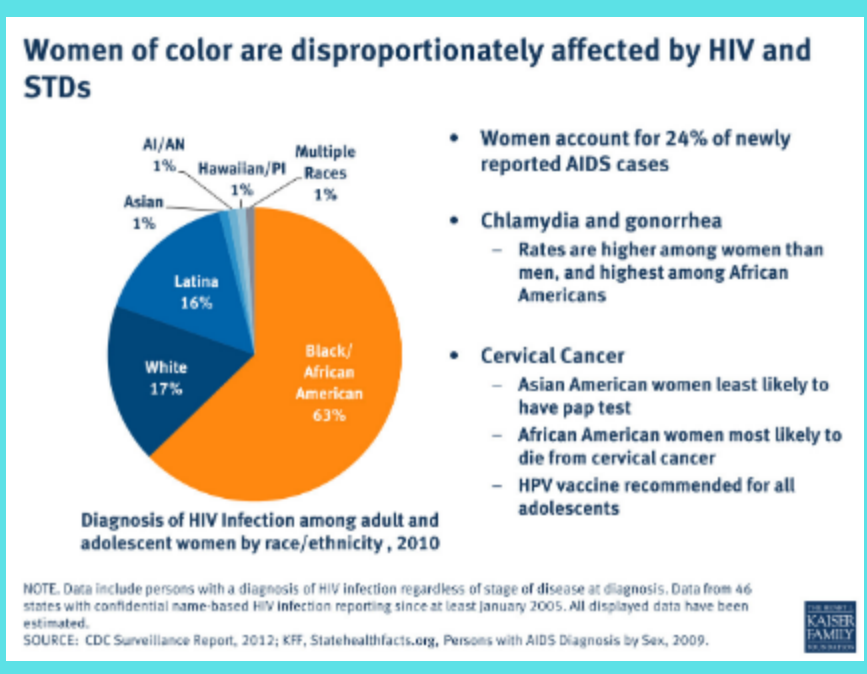
The Problem

There are currently several racial and socioeconomic disparities in the number of unintended pregnancies and STIs in the United States. African-American women and those who are socioeconomically marginalized are at an especially elevated risk for negative sexual and reproductive health outcomes. It is important to note the relationship between early education available, sexual health resource access, and outcomes for different populations. (5,8,15)



There is a high correlation between education availability and risk for STIs and unplanned pregnancies. This correlation strengthens for historically marginalized groups including the Latino, African-American, LGBTQIA+ communities, and socioeconomically disadvantaged populations. This is highlighted in South Carolina, which has one of the highest rates of STI prevalence and unplanned pregnancies, especially for the above listed groups. The state also does not have comprehensive sexual health education nor trains teacher on how to deliver the limited sexual health education available. (9)

The publicly available generic information about sexual and reproductive health is not sufficient to alleviate disparities because it is not accessible to marginalized communities. Because there is a high rate of overlap between disadvantaged populations and education attainment levels, these populations cannot be expected to make lifestyle changes unless information is explicitly delivered to them at a young age before they have made choices that negatively impact sexual and reproductive health outcomes due to lack of education resources.(6)

The implementation of this comprehensive education approach can help achieve 5 major social justice goals: alleviate hunger/poverty due to fewer unplanned pregnancies, improve completion rate of education for women particularly, increase gender equity, address maternal mortality rates, and decrease rate of STI transmission.(2)

MYTHS AND MISCONCEPTIONS

Abstinence-only education should be pursued because abstinence is the only way to 100% ensure that there is no pregnancy or sexually transmitted infections. (10)

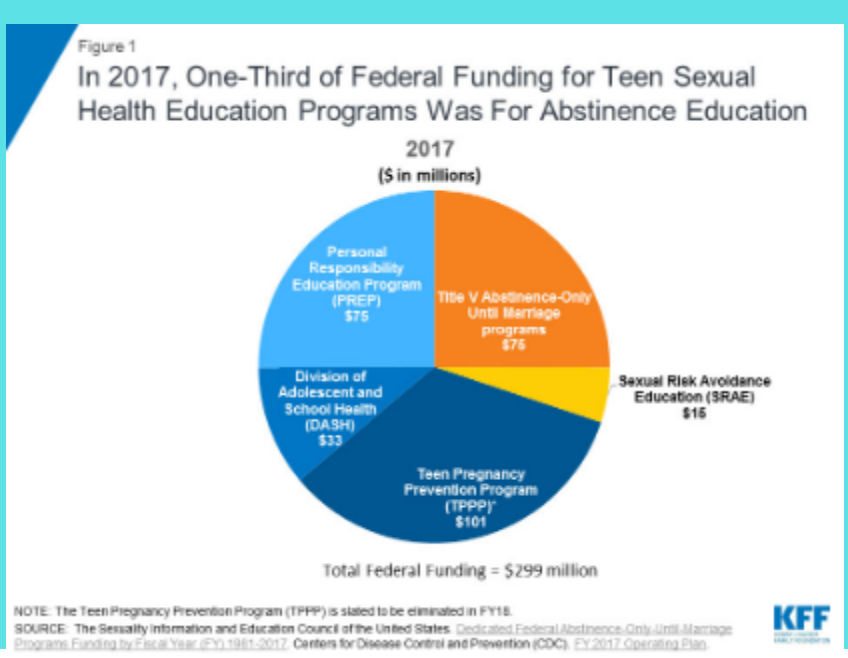
Abstinence-based sexual health education has been shown, through comparison with other interventions, to increase levels of sexual activity and number of sexual partners, indicating the importance of implementing education programs that acknowledge the presence of sexual relationships in the lives of adolescents.(11)

Family planning resources and comprehensive sexual health education were more necessary in years past than present day, because people were generally less informed about sexual and reproductive health at that time.

Family planning resources and sexual health education are imperative so long as people are engaging in sexual relationships, in order to effectively prevent undesired pregnancies, transmission of STIs, and disparities caused by differences in resource access. (3)

Providing youth with thorough information about safe sex practices and how to maximize their sexual and reproductive health will encourage them to begin engaging in "risky sexual behaviors" at a younger age than they otherwise would have.

Evidence shows that early education about safe sex practices delays the age of first intercourse which subsequently decreases the risk of negative or unintended sexual health outcomes.



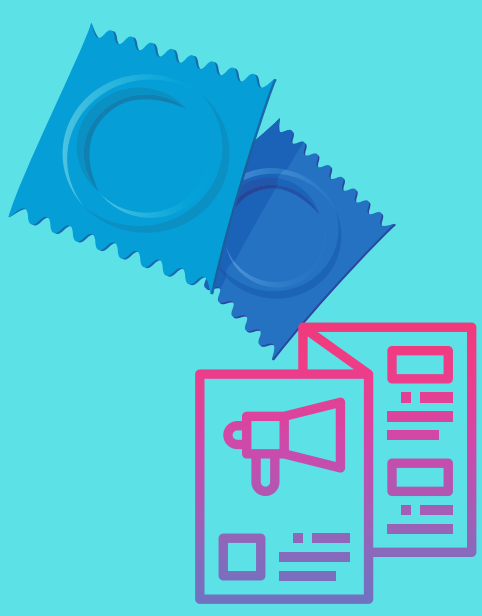
Note: both graphics are from articles on the Kaiser Family Foundation website, and additional information citing their original source is noted under the respective figures.The KFF source is noted in the Works Cited (16)

PROPOSED POLICY INTERVENTIONS

Refine Sexual Health Curriculum

- Modify Abstinence-based Education programs to become Evidence-Based, given that sexual health outcomes are improved when education is presented in this manner (14)
- Active inclusion of minority populations in curriculum: i.e. students of color, the LGBTQIA+ community. Sexual health is different for each population and education in this manner is critical to alleviating disparities..(15)

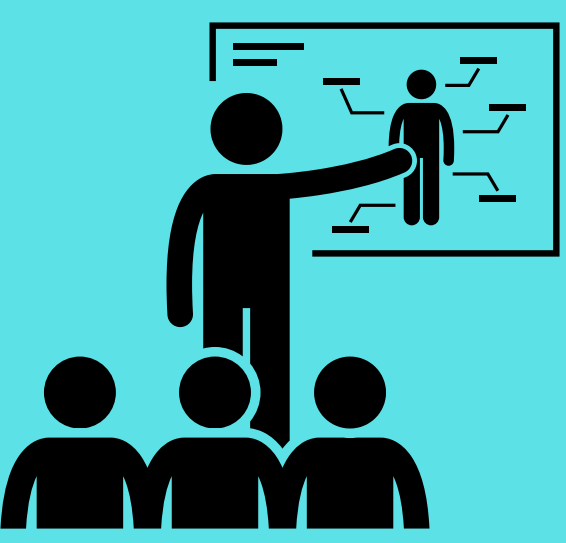
Access to Sexual Health Information and Resources in School Based Health Centers



Implement easy access to sexual health resources including condoms, contraception, and information on effective use in schools. This will expand access for students who do not have reliable or adequate healthcare resources in their home environment. School-based centers can also emphasize the importance of correct use of resources.

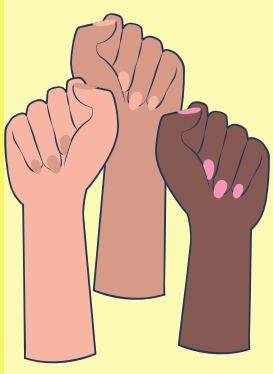
Case Study: North Carolina School-Based Health Centers

Adolescents who are sexually experienced would be willing to use resources available in school health centers, This likelihood INCREASED if they qualified for free-and-reduced meals. This indicates that availability of sexual health resources, including condoms and contraception, in schools would be particularly helpful in reducing risk of STIs and unintended pregnancy for adolescents, especially those from socioeconomically marginalized backgrounds. (4)



Figures of Respect as Vectors of Sexual Health Education

·Research has shown that information that came from people in positions of respect, i.e. teachers, counselors community health workers, was more likely to promote safe sex practices and subsequently positive sexual health outcomes., as opposed to educational materials only (10). These individuals must be trained to communicate this information in a manner receptive to diverse populations. They should be well-versed oin the subject area and subsequently avoid propagating personal views or existing stigma about sexual and reproductive health.



Bold change in the availability of sexual and reproductive health education and resources has the potential to significantly shift reproductive health outcomes, especially for vulnerable populations.

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