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STD Education

ABSTRACT

STD education in schools is a controversial topic amongst many. It is important to incorporate STD education among youth and to those who are sexually active to decrease the likelihood and risk of contracting an STD at a young age. STDs/STIs disproportionately affect adolescents due to various behavioral, biological, and cultural factors⁸ This paper highlights the importance of STD and sex education in school curriculums, policies in place at the state and national levels, the influence that a student's environment, social status, and parental involvement on STD education/awareness, and understanding the risks/effects that could be associated with the transmission of an STD in school-aged youth.

INTRODUCTION

STDs are diseases that are passed from one person to another through sexual contact and are common among young individuals² Youth experiences and behaviors during adolescence impact their health currently and into adulthood¹ Sexually transmitted (STD) prevention in school-age children addresses risk behaviors or experiences in adolescents that potentially impacts sexual health¹ The US Department of Health and Human Services reports that 25% of sexually active teens have been diagnosed with an STD⁴ STDs/STIs are a growing concern for adolescents⁵ and requires more recognition among schools or in the homes of those school-aged children that are sexually active. Schools play a large role in the lives of the youth. Protective factors are individuals or environmental characteristics or conditions that promote the health and emotional well-being of children and adolescents³ Protective factors help students engage in positive health behaviors and avoid many risky behaviors³, such as preventing STD transmission in this case. Individual characteristics and conditions that are protective factors in STD education

include positive self-worth, high self-efficacy, social and emotional competence, positive relationships, good decision making, self-control, and planning and goal setting³ All of these factors could influence school-age childrens' understanding of the importance of sex education and STD education in the classroom. Having a positive outlook on this curriculum could change the attitudes of these students regarding the importance of STD education in their classrooms.

BACKGROUND

Policies play an important part in public health prevention, including STD education/prevention¹⁰ Public health practitioners and policy-makers have considered school-based sex education to play a vital role in the sexual health of young individuals⁶ There is evidence through studies that show that schools differ in the amount of health education they provide to students¹⁵ Sexual health in schools plays a large role in the prevention and proactive factors that are alongside contracting STDs. Sex education has been characterized by competing definitions, goals, and philosophies, which has forced efforts to understand its effectiveness⁶ There are state level laws and policies in place that enforce and require sex education and STD education which requires schools to teach on or both in their curriculum⁷ Most states adopt laws governing sex education and STD education including whether/how abstinence and contraception are to be taught within the context of this curriculum⁷

At the state level, individual states, districts, and school boards determine implementation of federal policies and funds, including sex education and STD education¹¹ Having coordinated plans, credible guidelines, standards, resources, support, training, and accountability are all crucial factors in successfully incorporating STD education and awareness into curriculum¹¹ At the societal level, cultural and religious norms around adolescent sexuality have shaped federal and state policies and practices¹¹

The timeline of sex education in the United States was a long road with hurdles along the way. Funding, budgeting, approval from Congress, protests from parents, etc., are all factors that influenced incorporating sex, STD, HIV/AIDS, education in schools; some as helping the progression of this education and some as creating a halt in incorporating this into schools. Whether or not they require sexuality education or STD education, 35 states guarantee some parental discretion over whether their children will participate in this instruction. Sex education was first introduced in highschools in the 1920s and in the 1930s, the United States Office of Education published their first materials to train teaches on sex education¹² In 2013, a compendium of state statutes that focus on STDs shows that laws focus on the establishment of programs, clinics, mandatory testing/treatment, partner therapy, and the confidentiality of STD-related records¹⁰ The CDC's 2014 School Health Policies and Practices Study found that high school courses require (on average) 6.2 total hours of instruction on human sexuality, with 4 hours or less on HIV, other STIs/STDs, and pregnancy prevention¹¹ Sex education in the United States has declined in the last decade or so due to existing gaps in education¹¹ In 2016, there was an insufficient state of sex education in the United States that helped to expand evidence based studies into practices and policies to better incorporate and pass laws/policies about sex/STD education in school curriculum¹¹ At the policy level, in 2017 Barack Obama put forth a budget of \$114.5 million that reflected a strong commitment in supporting school-aged individuals access to age-appropriate, medically accurate sex health information with increased investments in comprehensive programs^{11,12} Additionally in 2017, the CDC analyzed state laws and regulations related to health education and school-based sexual health education, HIV prevention education, and STD prevention education in the United States⁹

State legislative searches were conducted in 51 jurisdictions and laws were included if they had at least one characteristic related to school-based curricula or classroom-based instruction of sex education or HIV and STD prevention education⁹ Thirty-three states have an "opt-out" policy, which gives parents the option to withdraw their children from these classes. Three states go further, requiring that parents affirmatively provide consent before a child may participate in the instruction⁷ After this analysis, forty-four states and the District of Columbia were identified to have at least one law that addressed school-based sexual health, HIV prevention, and/or STD prevention education⁹ Thirty states and the District of Columbia require public schools teach sex education, 28 of which mandate both sex education and HIV education⁸

ENVIRONMENTAL ATTRIBUTES

As most states adopt their own policies for sex and STD education, geographical factors also determine which policies are in place and how this education is distributed throughout schools. On average, rates of chlamydia, gonorrhea, and syphilis are higher in urban areas, as compared to the national rates in the U.S.⁹ A national survey of school health education policies/practices from the CDC found that students in poor and urban school districts receive less health education than those in more affluent school districts¹⁵ Given this, it is important to ensure the incorporation of STD education and awareness in schools in urban areas to help decrease the possibility of these rates rising in the near future. Chlamydia is the most common STD distributed geographically in the U.S., with gonorrhea and syphilis being more geographically clustered¹³

Discrimination, crime, poverty, and community beliefs are environmental factors that may be associated with STD/HIV risk in adolescents and young adults¹³ Education and poverty influence STD behaviors and infection, with low education associated with early sexual risk¹⁷

This is where state and local policies regarding sex education and STD education come into play. Sex education is important for populations that are at an increased risk for early initiation of sex and becoming infected with an STD at first intercourse¹⁵ Evidence suggests that poor health during childhood increases the risk of poor health during adulthood¹⁵; given this, we can conclude that introducing the sex education and STD education in schools could potentially decrease the risk of STD infection later in one's life.

Environmental characteristics and conditions that influence STD education outside of school connectedness and in school education includes positive parenting, parent engagement, social support, and safe/caring communities³ Health disparities across socioeconomic levels and racial lines are deepened when a society develops the capacity to promote, maintain, or restore health¹⁵ such as in an educational setting and in schools' curriculums. STDs/STIs constitute a health and economic burden where 75-85% of the estimated 357 million new cases of diseases/infections occur¹⁶ Socio-economic status (SES) has differing effects on the risk given various settings¹⁶

CURRENT RESEARCH EFFORTS

Research findings conclude that sex education across school-aged children, embedded in supportive school environments can improve sexual, social, and emotional health, as well as academic outcomes for young individuals²⁰ Research, program, and policy efforts are consistently needed to identify effective ways to harness media within classroom, clinic, family household, and community contexts¹¹ The STI/STD workforce adopts and promotes an outlook to managing and preventing STDs¹⁸ There has been a significant decrease in availability of STI specialty care with an examination of public STI clinics that has become more available with important specialty services such as testings¹⁸ The goal of current research efforts is to design a

national STD champion to coordinate efforts/lead the development and implementation of a national STD strategy, change the STD narrative, expand funding/resources, and increase the level of awareness and education¹⁸

Currently, there is a lot of research being conducted regarding starting sex education in schools as early as kindergarten. Age-appropriate sex ed for kindergartners introduces consent, identifying who is in your family, and the correct names for body parts²⁰ If sex education began at such a young age, by the time students are in around fifth or sixth grade (middle school age), they should have a solid foundation of understanding for sex education. I am neither posed or opposed to introducing some form of sex education to students at a young age but I do believe more research should be conducted on what exactly the outcome of this could look like. Would this make students more interested in all things “sex” or would it potentially put fear in their heart and steer them from it; all questions that researchers continue to assess. I do believe that it is important for young children to understand *who* they can trust, who they are safe around, what their boundaries are, etc. Sex education would continue to progress throughout all school-aged years and students would be not only learning about being sexually active or STDs but about puberty, relationships, etc.

PREVENTATION STRATEGIES & RECOMMENDATIONS

School prevention programs are found to be an efficient means of educating young individuals about STDs, the risks, etc.¹⁹ Schools should adopt the state policies that enforce STD education and sex education in their curriculum. Educating the youth is important in decreasing the possibility of the youth spreading and contracting STDs.

Evidently, health education is crucial in schools for school-aged adolescents. From the evidence gathered throughout, introducing sex education and STD education should begin

between fifth/sixth grade. We can see that more of the youth is becoming more sexually active at a younger age, therefore we must introduce sex education and the risks of being sexually active (STDs) at a younger age. Introducing this into the health curriculum would be beneficial and most relative. Sex education should not stop after one year though, it should progress throughout middle school and high school. Introducing preventative strategies/methods for contracting STDs should be taught in the curriculum from the very beginning. It is important to understand how STDs are transmitted and what sexually active individuals can do to prevent the transmission as well as how/where/when to test for STDs.

Some strategies that could be helpful in schools aside from teaching students in the curriculum about sex and STDs could be displaying brochures or pamphlets in the nurse's office with information regarding sex/STDs, offering clinics to students to be tested for STDs (with parental/guardian permission), have condoms available to students in the nurse's office as well (as a preventative measure for students who are sexually active). Brochures/pamphlets would be beneficial for students to be reminded of the important information regarding STDs and other precautions that come along with being sexually active. STD testing clinics could be successful if students and their parents utilize this service for students who are sexually active. Additionally, regularly testing for STDs while participating in sexual intercourse is important to decrease the potential spread of an STD, getting treatment if an STD is present, etc. Providing condoms to sexually active students could also help with decreasing the spread and preventing an STD from being contracted/transmitted. It is common for college campuses to have condoms readily available to students but with the age of individuals becoming sexually active becoming younger, having them available to the younger individuals could be beneficial as well.

POLICY IMPLEMENTATION AND EVALUATION

It is important to ensure that states and local policies are enforced throughout each school in each school district. Not all states in the United States adopt laws/policies that require sex education/STD education to be taught in schools. To ensure all students, nationally, are educated on the matters and the education is effective, all states in the country would have to adopt and enforce these policies in their schools.

To evaluate the effectiveness of STD education in schools, it is crucial to first understand the school's curriculum/lesson plans for executing this education. From there, we can evaluate the student's understanding through chapter quizzes/exams, testing their knowledge, seeing how many students attend testing clinics/how many condoms are taken from the nurse's office weekly, etc. If a school does not adopt and execute an effective plan to their students to educate them on STDs, the risks, how they are transmitted, how/when to test, etc., there is a lower possibility that it is possible to have a sufficient evaluation.

Following up from the current research being done on this topic, if students are starting some curriculum related to sex and STD education at the young age of kindergarten, it would be more sufficient to gather results on the effectiveness and evaluate the knowledge over the years from these students. Evaluating the effectiveness of implementing STD education and on it's rates of STDs in the given district would benefit the educators on how they are implementing the curriculum/lessons to their students.

CONCLUSION

With a rise of youth STD transmission rates, it is important for schools to implement educational tools and programs in their curriculum to decrease these rates. Students throughout the country should be educated on STDs and understand the risks, how/when/where to get tested,

treatment options, etc., to effectively decrease the likelihood of STD rates among school-aged children. There is ongoing research and debates across the nation regarding when exactly is an appropriate age/grade to introduce sex education and to what extent it should be taught.

Research, implementation, etc., will continue but it is important that schools adopt policies and implement policies to educate their students on STDs/sex.

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