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## **Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities**

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

**Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual  
Minorities**

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## OVERVIEW

**Keywords:** STI, STD, Sexually Transmitted Diseases, Indiana, School, Community, Health Belief Model, Comprehensive Health Program, Mental Health, Advocacy, LGBTQ, LGBTQIA, Sexual and Gender Minorities, Adolescents

[Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities]

**Goal Statement:** My goal is to reduce the transmission of sexually transmitted infections in adolescents and sexual minorities by increasing access to contraceptives, STI testing, and comprehensive sexual health education.

**Significant Findings:** The population addressed in this paper is adolescents and LGBTQ+ youth. Indiana is not required by law to teach sexual health education, let alone comprehensive and medically accurate information (Siecus, 2021). Sexual orientation and gender identities are not required in sex education even though men who have sex with men have the highest risk for STIs (Siecus, 2021; Blackwell, 2018). According to the Center for Disease Control and Prevention (2021a), one in five people are diagnosed with an STI. Furthermore, at least half of sexually active individuals will be infected with an STI by age 25 (Center for Disease Control and Prevention, 2021b). Improving educational efforts, removing health care barriers, and providing access to contraceptives will prove effective in helping at-risk populations.

**Objectives/Strategies/Interventions/Next Steps:** Utilizing the Health Belief Model, improved attendance of health programs, communication with health care providers, and improved self-efficacy will reduce STI transmission (National Cancer Institute, 2005). One

program that utilized the Health Belief Model, “Let’s Talk Sex,” found that 90% of participants felt more comfortable scheduling STI tests and discussing their sexual health (Ericksen et al., 2018). Another program aimed toward adolescents and parental guardians, Dating Matters, focuses on healthy relationships, communication skills, and sexual health (CDC, 2018). Advocate for Youth has a program called the Condom Collective that provides condoms to college campuses and advocates for sexual health accuracy and responsibility (Advocates for Youth, 2022). Due to LGBTQ+ youth falling into the high-risk population, they need to have a safe space filled with support. The LGBTQ Center in South Bend, Indiana, is one place that provides support, programming, and advocacy for the community (The LGBTQ Center, n.d.).

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## INTRODUCTION

### Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities

The topic I would like to discuss is the increase in sexually transmitted infections (STIs) in Hamilton County. Even though Hamilton County is considered the healthiest county in Indiana, there has been a steady increase in STIs since 2011 (County Health Rankings & Roadmaps, 2018). The most recent STI rates were measured through increases in chlamydia infections as it is the most common STI; additional data include syphilis and gonorrhea in the mix (County Health Rankings & Roadmaps, 2018). Sexually transmitted infections are grouped into health behaviors alongside tobacco use, diet, exercise, and drug and alcohol use – all of which make up 30% of all health factors (County Health Rankings & Roadmaps, 2018). Risky sexual behavior can have lasting effects on individuals, especially adolescents and sexual minorities, including pregnancy, STIs, health and economic burdens, and one’s social well-being

(County Health Rankings & Roadmaps, 2018). Through comprehensive sexual health education, attainable contraceptives, and accessible STI testing, the community can work together to reduce the transmission of STIs for adolescents and the LGBTQ+ community.

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## PART 1: SCOPE AND CONSEQUENCES

### Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities

Adolescents, gay men, and bisexual men have the highest risk for STIs (County Health Rankings & Roadmaps, 2018). The rate of STIs is based on diagnosed chlamydia cases per 100,000 people in each given county (County Health Rankings & Roadmaps, 2018). According to the 2011-2018 trends in Hamilton County, there has been a steady increase in chlamydia infections (County Health Rankings & Roadmaps, 2018). Despite Hamilton county's rates being lower than Indiana's average (232.6 compared to 523.9), there is still a need for improvement (County Health Rankings & Roadmaps, 2018). Nationally, 1 in 5 people are diagnosed with an STI with nearly 68 million cases in 2018 (Centers for Disease Control and Prevention, 2021a). Amongst those infected, 45.5% are youth aged 15-24 (Centers for Disease Control and Prevention, 2021a).

The increase in STIs affect other aspects of an individual and community as well including additional health risks, economic stress, unwanted pregnancies, and social detriments (County Health Rankings & Roadmaps, 2018). STIs can lead to reproductive health complications, human papillomavirus, and other cancers; certain STIs such as HIV and herpes are lifelong infections (County Health Rankings & Roadmaps, 2018). Poor communities, minorities, youth, and cohabitating women have the highest rates of unintended pregnancies alongside the risks of STIs putting them at greater risk for improper prenatal care and low birth

rates (County Health Rankings & Roadmaps, 2018). Those who are below the poverty line, rely on government assistance, and do not have access to proper education will be less informed about the risks of STIs and how to prevent them; those individuals, especially teen moms, are known to have increased risks of STIs (County Health Rankings & Roadmaps, 2018). The goal is to promote comprehensive sexual health education, obtainable contraceptives, and accessible STI testing to youth and LGBTQ+ communities to reduce the number of STIs in Hamilton County.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities

Preventing the rates of sexually transmitted infections means tackling the problems at different socio-economic levels. The individual-level looks at personal risk factors such as someone's history, age, education, and financial status. Another influencing factor is the relationships people have which encourage certain behaviors; positive relationships can promote communication and healthy relationships. Community levels branch to schools, neighborhoods, workplaces, and religious domains where safe spaces can be created for those who need help from like-minded individuals. Lastly, society levels focus on societal norms and policies which can affect large numbers of people. These factors are examined through the lens of STIs with the addition of protective factors.

#### **Individual**

According to the Center for Disease Control and Prevention (2021b), at least half of those sexually active will be infected with an STI by the age of 25 – bisexual and gay men have the greatest risk. Risky sexual behavior such as not using condoms and increased homophobia and

discrimination can lead to a detriment of sexual health (CDC, 2021b). Hepatitis A and B, human papillomavirus, syphilis, and HIV rates are highest amongst gay and bisexual men, hence the importance of vaccination (CDC, 2021b). However, due to stigma, there is a chance that bisexual and gay men, amongst other sexual minorities, may fear speaking with their doctors about preventative methods and STI testing. There is internal pressure to stay quiet and risk learning false information due to stigma and discriminatory practices. Therefore, it is important to educate sexual minorities about how to speak with their health care providers. A protective factor for the LGBTQ+ community in Indiana is The LGBTQ Center in South Bend. The LGBTQ Center works to celebrate and advocate for the LGBTQ+ community, develop healthy relationships, provide volunteer opportunities, and offer training seminars and programming for the community (The LGBTQ Center, n.d.). By providing safe centers throughout the state, LGBTQ+ individuals and minorities would have a place to learn about their identity and seek help.

## **Family**

Sexual behavior and exploration develop during adolescence; however, risky sexual behavior can be prevented with positive family and peer supports (Elkington, Bauermeister, & Zimmerman, 2011). Adolescents who lack family support and have neglectful families are more likely to engage in substance use and risky sexual behaviors (Elkington, Bauermeister, & Zimmerman, 2011). However, adolescents close to their families who have parental involvement and support are more likely to use condoms, avoid risky behaviors, and delay sexual behavior longer (Elkington, Bauermeister, & Zimmerman, 2011). Additionally, educating adolescents about substance use and safe sex practices, such as condom usage, can reduce risky behavior (Elkington, Bauermeister, & Zimmerman, 2011). Another protective factor would be improving the relationships between adolescents and their parental guardians.



## **Peer Group**

Sexual minorities are at increased risk of depression, suicide, eating disorders, bullying, and health risks (Lessard, Puhl, & Watson, 2020). Stigma and lack of education place sexual or gender minorities (SGM) at risk for victimization and targeting behaviors as well (Lessard, Puhl, & Watson, 2020). However, schools that had access to a safe zone, such as a gay-straight alliance (GSA) group, showed improvement in mental health amongst SMG students and a reduction in bullying (Lessard, Puhl, & Watson, 2020). Through the inclusion of support systems and positive environments to learn and express oneself, SGM students had fewer health risks and increased acceptance (Lessard, Puhl, & Watson, 2020). Indiana University has an advocacy group called Sexual Health Advocacy Group (SHAG) that promotes positive sexual behaviors and aims to challenge society's norms (Be Involved, 2022).

## **School**

Due to the target audience being youth and LGBTQ+ youth, a universal preventive method would be ideal since schools and selected communities receive these intervention methods (SAMHSA). Risk factors at a school level would involve anything that increases the risk of undesired behavior (SAMHSA). A lack of comprehensive educational programs prevents students, especially LGBTQ+ youth, from learning about risky sexual behaviors and prevention techniques (Gegenfurtner and Gebhardt, 2017). The main reasons schools have focused on abstinence-only programs rather than inclusive ones are due to negative associations with sexual minorities, fear and non-acceptance, intelligence, and religious beliefs (Gegenfurtner and Gebhardt, 2017). Sexual minorities are bullied and victimized by homophobic and transphobic peers, thus leading to physical and emotional abuse, sexual abuse, and assault (Gegenfurtner and Gebhardt, 2017). These negative experiences lead to increased isolation, school absence,

substance use, mental health issues, and higher rates of sexually transmitted infections (Gegenfurtner and Gebhardt, 2017). Having a safe and protective school environment with a respectful and tolerating atmosphere would promote happier youth and healthier behaviors (Gegenfurtner and Gebhardt, 2017).

Indiana schools are not required to teach sex education nor have a comprehensive and medically accurate program, rather, there is a focus on AIDS and abstinence (Siecus, 2021). Additionally, the curriculum is not required to include sexual orientation, identity, or asking for consent (Siecus, 2021). Educational programs required by schools or offered for free as after-school programs would provide adolescents with the necessary information to stay safe. One program that incorporates protective factors into its program is Dating Matters which has been used within schools, health departments, and as a public health resource (CDC, 2018). The expansive program begins in grade 6 and continues until grade 8 targeting youth aged 11-14 and their parental guardians (CDC, 2018). Dating Matters focuses on healthy relationships, communication skills, conflict resolution, substance use, sexual violence, and sexual health (CDC, 2018). The parent program offers similar skills and teaches parents how to speak to their children about healthy relationships and sexual health behaviors; positive parenting, open communication, and supervision are at the core of the program (CDC, 2018). Sexual violence and sexual harassment rates were reduced after the implementation of the Dating Matters program; this is significant due to STI exposure with risky sexual behavior or forced sexual acts (DeGue, Niolon, Estefan, Tracy, Le, Vivolo-Kantor, Little, Latzman, Tharp, Lang, & Taylor, 2020).

## **Community**

Sexual minorities have higher rates of mental health disorders, substance use, HIV, and sexually transmitted infections (Sherman, McDowell, Clark, Balthazar, Klepper, & Bower, 2021). Discrimination and uneducated healthcare providers prevent sexual minorities from receiving the services they need (Sherman et al., 2021). According to Sherman et al., (2021), 25% of sexual minorities avoid health care services due to stress, stigma, and fear of mistreatment. Approximately 50% of nursing students had negative perceptions of LGBTQ+ individuals and programming lacked education on sexual minority care (Sherman et al., 2021). More education is needed for nursing students to feel confident in providing care and resources for LGBTQ+ patients (Sherman et al., 2021). Another risk is that certain countries ban the disclosure of LGBTQ+ identities and the non-existence of protective legislature can lead to hate crimes and discrimination (Sherman et al., 2021). Adding extensive education, training, and resources for nursing students can create a safe and supportive environment for LGBTQ+ patients (Sherman et al., 2021).

One program that is working to improve sexual health education and rights is the Advocates for Youth group; they are a social justice agency that seeks to normalize sexual behavior (Advocates for Youth, 2022). The group's core values are rights, respect, and responsibility which are set to provide accurate and complete sexual health information, value young people and their decisions, and remind society they have the responsibility to provide safety tools to youth (Advocates for Youth, 2022). Advocates for Youth offer multiple programs designed to enact change. One of those programs is The Condom Collective which donates condoms to college campuses and organizes access to these safeguards; currently, they have donated over a million condoms (Advocates for Youth, 2022).

## **Conclusion**

Reducing stigma and strengthening support systems will allow youth and LGBTQ+ minorities to speak openly about their sexual health behaviors and status. The support of family and peers may increase the likelihood of youth communicating with health care providers and receiving STI testing. While personal support is helpful, community involvement and education provide additional resources for sexually active youth. Granting safe spaces outside of one's home improves mental health and reduces risky behavior. Additionally, health care providers could receive further education to make STI conversations comfortable and safe. Lastly, society needs to promote STI conversations between youth, parents, and health care professionals.

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## PART 3: THEORIES OF PREVENTION

### Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities

The Health Belief Model (HBM) focuses on the attendance of health programs and what prevents people from acting against illnesses, such as health risks, sexual behavior, medication, weight loss, etc. (National Cancer Institute, 2005). Certain factors must be in place for people to act in ways that better their health. Those factors include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, reminders to act, and self-efficacy (National Cancer Institute, 2005). Utilizing the six factors, health programs can be designed to help clients understand the severity of their health problem, combat non-compliance, and learn how to effectively reduce future risk (National Cancer Institute, 2005). There are strategies of change that can be implemented to help patients recognize their risks and consequences, when and how to act, create incentives, and incorporate goal planning to ensure they are staying healthy (National Cancer Institute, 2005). Using this model, adolescents, and LGBTQ+ youth can learn how to prevent STIs and how to act should that situation occur.

A study by Ericksen, Hirt, Rice, and Cedergren (2018) looked at the encouraging and discouraging factors that went into STI health care based on the Health Belief Model. Less than half of the participants could not identify their STI status nor have been tested within the last year; a lack of testing is due to the perceived barriers and stigmas around getting tested (Ericksen et al., 2018). Even health care professionals did not feel the need to be tested because they knew about safe sex practices despite access to free resources (Ericksen et al., 2018). In a pilot version of the program, “Let’s Talk Sex,” students benefited from face-to-face education and observational demonstrations leading to increased comfort about sexual health (Ericksen et al., 2018). The full version of the program was successful in teaching college students how to successfully identify STIs, seek out medical appointments, and communicate with their partners about their STI status (Ericksen et al., 2018). After the program, roughly 90% of participants felt confident scheduling STI tests on campus and over 80% were comfortable discussing their sexual health (Ericksen et al., 2018).

Young women and adolescent girls comprise 71% of HIV infections in sub-Saharan Africa (Katirayi, Akuno, Kulukulu, & Masaba, 2021). Furthermore, nearly 460,000 youth aged 10-24 were infected with HIV worldwide in 2019 (Katirayi et al., 2021). Participants aged 15-19 years of age were eligible for a study exploring the perception of HIV testing (Katirayi et al., 2021). The researchers studied what influenced STI testing, where the information was received, and what made facilities friendly for adolescents (Katirayi et al., 2021). Adolescents who were perceived to have a high risk of infection were fearful of being tested due to a positive status equaling that of a death sentence; only a small portion wanted to know their status for peace of mind (Katirayi et al., 2021). Adolescents perceived a positive HIV status as a threat to their future and losing opportunities they would otherwise have – education, careers, and families

were a few of those reasons (Katirayi et al., 2021). Adolescents expressed fear of their parents discovering their status and were unsure of the benefits of knowing their status (Katirayi et al., 2021). Learning the benefits of HIV testing would encourage youth to get tested, but there is a lack of information regarding those health benefits (Katirayi et al., 2021).

The CDC (2020) discussed the benefits of having a structured sexual health education (SHE) program which would provide students with accurate and appropriate information about sexual health. Comprehensive programs are taught by qualified teachers, address LGBTQ+ sexual health, connect students to health services, engage families, and foster positive relationships (CDC, 2020). Incorporating the SHE curriculum into schools promote health behaviors and reduces risky sexual behaviors; the program promotes independence, communication, responsibility, and critical thinking skills (CDC, 2020). Students who engage in SHE programs are more likely to delay intercourse, have fewer partners, have less unprotected sex while increasing condom use, and increase academic performance (CDC, 2020). School policies are evaluated before skills-based programs are incorporated; teachers are given professional tools and resources for students (CDC, 2020). By requiring schools to incorporate comprehensive programs, students and teachers can increase their knowledge about sexual health to reduce STI transmission.

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## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

### **Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities**

Men who have sex with men (MSM) comprise 82% of all new HIV infections with 26,375 adult and adolescent males receiving HIV from having sex with other men (Blackwell,

2018). Additionally, HIV in rates between 2005 and 2014 increased in Latino men by 24% and by 22% in African American men (Blackwell, 2018). The only rates that decreased were the HIV rates in White men by 18% (Blackwell, 2018). The highest risk of spreading HIV was through unprotected anal intercourse and engaging with bodily fluids (Blackwell, 2018). Reducing the spread of HIV involved avoiding sex with HIV-positive individuals and remaining abstinent (Blackwell, 2018).

Another at-risk population is trans MSM, though they have less access to healthcare in the event of receiving an HIV infection (Scheim & Travers, 2017). Transgender individuals have limited access to health care and STI testing with a lack of policies to assist them (Scheim & Travers, 2017). Due to the avoidance of healthcare systems, trans-MSM is less likely to communicate their sexual history and behaviors with healthcare providers (Scheim & Travers, 2017). Health care clinics in Ontario are mandated to remove barriers for gay and bisexual men to receive HIV and STI testing (Scheim & Travers, 2017). Despite removing barriers for gay and bisexual men, transmen have experienced refusal of services and observed misconceptions regarding their sexual behaviors and HIV/STI risks (Scheim & Travers, 2017). Transmen expressed relief when working with trusted care providers, low-barrier clinics, and gender-affirming care providers (Scheim & Travers, 2017).

A crucial ethical consideration with any prevention program is having professionals who abide by the code A.4.b. Personal Values – counselors should not impose their values or beliefs onto clients and respect the diversity of such clients (ACA, 2014). LGBTQ+ clients, MSM, and trans-MSM already face discrimination for their sexuality let alone their health status. Healthcare services are avoided due to stigma and fear, thus educational and prevention programs need to be mindful of such stereotypes and stigmas so clients can feel safe and comfortable communicating

their sexual health needs. Furthermore, sections A.7.a. Advocacy and A.7.b. Confidentiality and Advocacy address the need for advocacy of clients (with permission) to remove barriers preventing clients from growing and accessing resources (ACA, 2014). Section B.2.c. Contagious, Life-Threatening Diseases should be addressed as a confidentiality concern within prevention programs; clients are informed that the disclosure of diseases may be necessary for the safety of others, though they ask clients if they intend to inform the other party of potential risks (ACA, 2014).

Prevention programs targeted toward LGBTQ+ communities aim to engage the community, expand prevention strategies and programs, and provide correct and accurate information (CDC, 2019). A few programs that aim to communicate HIV prevention for MSM include Partnering and Communicating Together to Act Against AIDS (PACT), Start Talking. Stop HIV., and the Young Men Who Have Sex With Men (YMSM) Project aims to educate teens aged 13-19 through school prevention programs (CDC, 2019). Ways to increase cultural relevance are to increase collaboration with health clinics and schools, implement HIV/STI testing and prevention policies, and provide intervention tailored toward black and Hispanic/Latino youth (CDC, 2019). Private and routine testing with educated healthcare providers within minority communities would help reduce the spread of HIV/STIs, especially in communities where drug use is common (CDC, 2019). Additionally, youth would benefit from evidence-based prevention strategies and education that covered sexual and racial minorities; the implementation of school testing sites would increase access as well (CDC, 2019).

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## PART 5: ADVOCACY

### Increasing Awareness of Sexually Transmitted Infections in Adolescents and Sexual Minorities

When working with clients sometimes counselors must incorporate advocacy interventions. Understanding one's privilege, using multicultural skills, learning local laws and policies, and utilizing public resources are some of the ways to help marginalized clients (Multicultural and Social Justice Counseling Competencies, 2015). While there are many ways to help clients with STIs, the upcoming advocacy efforts will focus on institutional, community, and public policy barriers. Additionally, each section will address an action plan to combat the barriers set in place.

#### **Institutional Barriers and Actions**

Institutional barriers are those at school, religious affiliations, and community organizations (MSJCC, 2015). A competent counselor will locate supportive institutions, individual supports, and work to demolish barriers and privileges that stunt the client's growth (MSJCC, 2015). Adolescents and LGBTQ+ youth experience barriers at schools due to unequal or improper educational programs throughout the United States. Sexual health education focuses on either abstinence-only programs or comprehensive programs, though there is often a lack of LGBTQ+ inclusiveness. The inequality contributes to high HIV rates in MSM, lack of condom use, earlier sexual behavior, and co-existing trauma in LGBTQ+ youth (Roberts, Shiman, Dowling, Tantay, Masdea, Pierre, Lomax, & Bedell, 2020). Further, there is a lack of representation for LGBTQ+ youth of color who experience racism and fewer support systems, especially Black and Latino men (Roberts et al., 2020).

Roberts et al., (2020) learned that LGBTQ+ risks and sexual health were rushed, and students were unable to learn about same-sex protective methods, gain consent, and discover sexual identities. Students expressed the lessons did not cover their sexual identity nor provided comprehensive information about their situation; transgender and non-binary students were not represented (Roberts et al., 2020). The school environment and instructors were not a positive experience for LGBTQ+ students who were unable to learn about STI risks for sexual minorities and variations in racial groups (Roberts et al., 2020). LGBTQ+ students did not have safe zones to discuss sexual health, voiced bias amongst teachers, and expressed interest in having LGBTQ+ sexual health instructors to prevent stigma and bullying (Roberts et al., 2020). Recommendations to combat educational barriers include a sex-positive approach, LGBTQ+ inclusive programs, STI coverage for sexual minorities, discussion of racial and cultural topics, and educators with LGBTQ+ sensitivity training (Roberts et al., 2020).

### **Community Barriers and Actions**

Embedded within each community is a set of norms, values, and regulations that work to empower or oppress members of society (MSJCC, 2015). Sexuality and LGBTQ+ topics can be seen as taboo in society and within certain cultures. Restricting norms and values prevent communities from receiving the education and care they need compared to the majority counterpart. Youth sexuality is seen as a controversial subject due to a desire to keep children innocent (Allen, Rasmussen, Quinlivan, Aspin, Sanjakdar, & Brömdal, 2014). Some researchers refused to conduct sexuality or sexual minority research because of the risks including knowledge of unlawful activities, uprooting sexual tropes, association with the topics, and detriments to one's career (Allen et al., 2014).

Condom use is an effective strategy for preventing STIs and pregnancy, though there are mixed responses on teaching condom use in schools. Catholics, Evangelical Christians, and Protestants were less likely to approve of free condom availability to youth; the same evidence was shown for those who frequented church (AugsJoost, Jerman, Deardorff, Harley, & Constantine, 2014). People with conservative views were less supportive than liberals for condom availability, condom instruction, and reproductive services (AugsJoost et al., 2014). Despite the evidence against condom education, there is support from parents who believe youth should receive condom education and have them available to prevent STIs and pregnancy (AugsJoost et al., 2014). Those with a strong religious affiliation or those who thought teens lacked responsibility believed condoms were not effective (AugsJoost et al., 2014). However, Hispanic parents showed higher support for condom education than non-Hispanic participants (AugsJoost et al., 2014). While it is important to respect the values of the community, educating members about the effectiveness of condom use could benefit society's youth (AugsJoost et al., 2014). Additionally, incorporating reminders that adolescents are sexually active is a useful step in encouraging responsibility (AugsJoost et al., 2014). Regardless of one's views, it is important to create a safe space for adolescents and sexual minorities by normalizing sexual behaviors, preventative methods, and STI risks.

### **Public Policy Barriers and Actions**

At the highest level are the local, state, and federal laws that impede marginalized populations (MSJCC, 2015). Even if there is social support, there may be policies in place that prevent client growth, such as racial or gender biases preventing them from receiving the care they need. Healthcare policies aimed toward prevention are meant to uphold the well-being of society. Implementing policies to reduce STIs and improve sexual health would benefit youth

and LGBTQ+ populations, however, expensive vaccines and mistrust prevent these policies from taking effect (Hawkes, Kismödi, Larson, & Buse, 2014). Human papillomavirus (HPV) has a high prevalence rate after sexual activity placing people at risk for cancers (Hawkes et al., 2014). Cultural and religious norms, enforcing comprehensive sexual education alongside vaccination, and consent are a few of the barriers conflicting with health care laws (Hawkes et al., 2014).

Despite human rights laws, there is debate on children aged 9-13 can give consent for STI vaccines especially in countries where conversations about sex are prohibited for youth populations (Hawkes et al., 2014). One action taken against the age barrier is the requirement to follow national laws which dictate the age by which youth can seek STI and health services without parental consent; for example, children in the United Kingdom can seek services at the age of 12 (Hawkes et al., 2014). Even if vaccines are not mandated, reducing the age one can seek medical services without parental consent would greatly benefit youth and LGBTQ+ populations (Hawkes et al., 2014).

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