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Sexually Transmitted Infections in Cumberland County, North Carolina

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Sexually transmitted infections, STIs, prevention, advocacy, Social-Ecological Model, Theory of Planned Behavior (TPB), Cumberland County, North Carolina

Sexually Transmitted Infections in Cumberland County, North Carolina

Goal Statement: The goal of this portfolio is to prevent and minimize sexually transmitted infections within Cumberland County, North Carolina by increasing the community's awareness and comprehensive knowledge on the issue regarding adolescents.

Significant Findings: Cumberland County, North Carolina currently has a significant prevalence rate of sexually transmitted infections (North Carolina Department of Health & Human Services, 2023). STIs can cause individuals both physical and psychological consequences as well as cause financial burdens on society (Bender & Hill, 2021; CDC, 2023; World Health Organization, 2023). Adolescent Black females are among populations at increased risk of STI prevalence and face unique risk and protective factors, barriers, and advocacy needs regarding this target issue (Cipres et al., 2018; Shannon & Klausner, 2018; Van Gerwen et al., 2022).

Objectives/Strategies/Interventions/Next Steps: Advocacy measures regarding STIs among this target population can be met at the institutional, community, and public policy level. Advocacy measures at the institutional level could include collaboration with students to get a better understanding of where support networks may be lacking. Additionally, support groups or psychoeducational groups regarding young women's sexual and reproductive health could be created and implemented within schools, churches, or other community organizations. Advocacy at the community level could include implementing comprehensive-based sexual education workshops with an emphasis on supportive, non-judgmental attitudes for either parents or school

faculty members. This could help combat against STI stigma within important support networks for adolescents. Advocacy at the public policy level could include supporting and lobbying for comprehensive-based sexual education curriculums within the school system.

INTRODUCTION

Sexually Transmitted Infections in Cumberland County, North Carolina

According to MedlinePlus (2023), sexually transmitted infections, also known as sexually transmitted diseases, are infections that are passed between individuals through sexual contact which includes transmission via vaginal, anal, or oral contact, as well as transmission through birth. Cumberland County is a metropolitan area connected to the city of Fayetteville and has a population of approximately 336,699 people according to the 2022 census (United States Census Bureau, 2023). Throughout this portfolio, there will be discussions on the target issue including its scope and consequences, application of preventative theories, diversity and ethical considerations, and advocacy efforts.

PART 1: SCOPE AND CONSEQUENCES

Transmitted Infections in Cumberland County, North Carolina

Sexually transmitted infections (STIs) are a prominent public health concern within our country as they are extremely common and costly not only to the health of individuals, but to the economy as well. According to the Centers for Disease Control and Prevention (2023), in 2018, approximately one out of every five individuals within the U.S. had a STI on any given day which equated to about \$16 billion in costs for healthcare alone. The CDC's 2021 surveillance stated that there were 2.5 million cases of three common STIs, chlamydia, gonorrhea, and

syphilis in particular within the U.S. (CDC, 2023). According to the 2023 quarterly North Carolina HIV/STD Surveillance Report, Cumberland County reported 1,824 newly diagnosed cases of chlamydia, 711 cases of gonorrhea, and 109 cases of syphilis in 2022. In comparison to the two previous years, reports of chlamydia and gonorrhea decreased, while reports of syphilis went up (North Carolina Department of Health & Human Services, 2023).

Although STIs can be transmissible to anyone, populations that are at increased risk include gay and bisexual men, people who are pregnant, young people between the ages of 15-24 years old, and racial and ethnic minority groups (CDC, 2023). Women are at increased risk of more severe health problems due to STIs as well (MedlinePlus, 2023). If left untreated, STIs can cause numerous issues to one's health including but not limited to higher chances of HIV acquisition, long-term pelvic or abdominal pain due to inflammatory disease, infertility or pregnancy complications such as stillbirth, neonatal death, conjunctivitis, or congenital deformities, low birth weight or prematurity, sepsis, cancer, etc. (CDC, 2023; World Health Organization, 2023). Furthermore, STIs can cause notable psychological consequences including anger, guilt, fear, and shame as well (Bender & Hill, 2021). Stigmas associated with STI diagnosis can lead to fear of prejudicial attitudes and behaviors, leaving individuals wary and unwilling of participating in testing or disclosure, thus leading to further possible spread (Bender & Hill, 2021). STIs can also cause impactful burdens on society by compromising productivity and economic outcomes (CDC, 2023).

Goal: The goal of this social change portfolio is to prevent and minimize sexually transmitted infections within Cumberland County, NC by increasing the community's awareness of preventative measures and accessible treatment options.

PART 2: SOCIAL-ECOLOGICAL MODEL

Sexually Transmitted Infections in Cumberland County, North Carolina

The socio-ecological model is a resourceful community health framework that emphasizes the concept that to achieve feasible and continuous changes in behavioral patterns, efforts in prevention must have a focus on the individual's multiple levels of influence within their environment and intrapersonal self. This model provides the idea that an individual's behavior is influenced by their surrounding environment as well as influence the environment themselves (Iowa Department of Public Health, n.d.). These various social-ecological components consist of individual, relationship, community, and societal levels that can play a significant role in one's thoughts, emotions, and subsequent behaviors. The proportion in which these levels influence an individual is mediated by the protective and risk factors within their life (Centers for Disease Control and Prevention, 2022). According to the Substance Abuse and Mental Health Services Administration (n.d.), risk factors are any characteristics within an individual's multi-leveled life that come before and are associated with increased risk of negative outcomes. Protective factors are any characteristics within these same various levels that serve to protect the individual and are associated with decreased risk of negative outcomes. Effectively assessing the various risk and protective factors that contribute to behaviors or negative outcomes within an individual or study population can aid practitioners in selecting appropriate and feasible prevention or intervention options (SAMHSA, n.d.).

Individual Level

The individual level includes the various personal and contextual factors that are specific to the individual themselves (IDPH, n.d.). In regard to sexually transmitted infections, micro-level or individual-level influences may include age, gender, sexual behaviors, substance abuse,

education, personal experiences, STI history, healthcare accessibility, etc. Although STIs can occur among any age group, populations of adolescents and young adults are at increased risk due to more inexperience and higher likelihood of participating in risky sexual behaviors such as unprotected sex, inconsistent condom use or multiple sexual partners. Women are more susceptible and vulnerable to STI occurrence and consequences due to differing anatomy, symptom portrayal, pregnancy, and cervical cancer (CDC, 2011). Personal experiences such as sexual or physical abuse and other trauma exposure are linked to higher association of STIs as well (Werner et al, 2018). Substance abuse is a risk factor as substances can lower inhibitions and can result in increased sexual risk taking (CDC, 2022). Having a history of, or currently presented with, an STI creates a higher risk of catching another (CDC, 2022). Those with lack of educational opportunities or healthcare accessibility are also at increased risk due to lack of knowledge and awareness as well as preventative screening and vaccines. Some protective factors include sexual behaviors such as abstinence or consistent protective sexual behaviors, access to health care services and utilizing vaccination and preventative screening, access to knowledge and education, positive self-regard and empowerment.

Relationship Level

Influential factors at the relational level can include family dynamics and familial influence and romantic relationship dynamics or issues. According to Culbreth et al (2020), studies have found that childhood experiences of maltreatment such as physical or sexual abuse can have an influence on an individual's emotional regulation which in turn could increase their likelihood of engaging in risky sexual behaviors in their future. Having multiple sexual partners or having anonymous sexual partners are risk factors to STIs as well (CDC, 2022). Informed partner selection as well as open communication within the romantic partnership are protective

factors of STI transmission. Healthy sexual communication and informed knowledge within familial dynamics can also be a protective factor by providing awareness of risks, protective behaviors, signs, prevention, and treatment. Familial influences such as exposure to substance abuse or risky sexual behavior can have a negative impact on children in their future as they view these as the norm within their life perspectives. Peer relationships can also be either risk or protective factors depending on the behaviors and norms within that group of individuals as fellow peers are often influential in the way in which one behaves or thinks themselves.

Community Level

Community level factors include public settings and environments in which social relationships can occur such as schools, workplaces, neighborhood, extracurriculars (CDC, 2022). If there is a lack of comprehensive sex education programs within schools, this poses as a risk factor due to lack of knowledge and awareness. If the community itself in which an individual lives has a high STI prevalence, increased economic disparities, urbanization with high population density, or limited public health resources or accessibility, the individual is at higher risk of exposure. Protective factors would consist of the opposite; communities with higher socioeconomic statuses, better public health resources and feasible access to healthcare or preventative measures, better education, and less populated areas are all positive influences of decreased risk of STI exposure and transmission.

Societal Level

The societal level consists of the broader societal factors that play a role in creating a climate in which an unhealthy behavior or health outcome can occur and flourish (CDC, 2022). This can include social and cultural norms, attitudes, and beliefs. For instance, if one lives within a society in which open communication about sexuality is discouraged, then promotion of

awareness, prevention, and treatment can go lacking; whereas, if an individual has access to more open communication in regard to these components of sexual public health, then there is the possibility of decreased risk of negative outcomes. Social media and the entertainment industry also plays a significant role in STI prevalence as there is increased promotion of risky sexual behaviors within today's entertainment industry. However, social media and access to the internet provide more feasible accessibility to gather preventative knowledge and awareness of STIs which can pose as a protective factor if utilized in such a way. Societal laws, policies, and regulations can either serve as protective facilitators or negative barriers within the realm of public health as well. An example of a positive factor in regard to U.S. policies would be that all 50 states as well as D.C. now allow the consent of minors for STI services (Guttmacher Institute, 2023).

PART 3: THEORIES OF PREVENTION

Sexually Transmitted Infections in Cumberland County, North Carolina

Health behavior theories are important frameworks of reference when working with public health as they help provide explanations and predictions to health-related behaviors among individuals and communities. These frameworks provide a foundation in attempting to understand why people behave the way they do regarding their health and how those behaviors may be influenced or changed. Each theory provides unique insights and perspectives for educators and social change agents to reach their target populations in a more efficient and effective manner (Theoretical Frameworks and Models Commonly Used in Sexuality Education Programs and Curricula: A Summary, n.d.). One prominent health behavior theory that can be

beneficial regarding unhealthy sexual behavior prevention is the Theory of Planned Behavior (TPB).

TPB assumes that behavioral intentions are influenced by an individual's attitude towards the specific behavior, their subjective norms, and their perceived behavioral control (Sansom, 2022). This theory can be applied to a community prevention program regarding the reduction of STIs through increased engagement of preventative measures by considering these three factors and their interrelatedness. Having a better understanding of the attitudes, social influences, societal expectations, and ease of accessibility of engaging in the preventative behavior among the target population, and how these all affect one another helps provide perspectives on where a specific prevention can be implemented in the most effective manner (Theoretical Frameworks and Models Commonly Used in Sexuality Education Programs and Curricula: A Summary, n.d.). With these insights, a focus on what is critical for the specific behavioral change to exceed is at the forefront of the prevention program. Furthermore, utilizing a theoretical framework that focuses on developing positive attitudes and social acceptance within a population towards the preventative behavior will allow for higher levels of intention among individuals in engaging in that behavior (Sansom, 2022). Through promotion and encouragement of individuals to analyze their own belief systems and how those beliefs are influenced by their environments, they have a higher chance of making informed decision-making choices.

According to De Wit et al. (2022), TPB has been used frequently in the past to understand the use of condoms in STI prevention. A study among junior high school students in Thailand found that there was a significant and positive effect on preventative sexual behavior intentions in regard to perceived self-efficacy, social belief and social influence and that the TPB model could be used within sexual education programs to promote positive sexual behaviors

(Baudouin et al., 2020). Another study on safe sexual behaviors among female youth found that there was a positive effect on contraception use with reinforced perceived behavioral control and subjective norms as well as enhanced parent-child communication about sex. This study found that utilizing the TPB model helped successfully predict safe sexual behavioral intentions of female youth (Tseng et al., 2020). Eaton et al. (2019), found that through the use of the TPB model, urban Black adolescent's beliefs on verbal sexual coercion were able to be identified, and this identification of attitudes and beliefs is the first step in predicting and intervening on unhealthy sexual behaviors.

According to the Centers for Disease Control and Prevention (2023), an existing evidence-based program known as d-up: Defend Yourself!, is a prevention intervention based at the community level that aims to change the social norms and perceptions of condom use among Black men who have sex with men. The program enlists and trains opinion leaders whose advice is trusted and respected among their community peers and social networks to change risky sexual behavioral norms and to counter the sexual and racial biases that result in these risky behaviors. This prevention program is based on and supported by the Preparation for Bias Theory and Diffusion of Innovation Theory and was found to have positive results (d-up: Defend Yourself!, 2023).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Sexually Transmitted Infections in Cumberland County, North Carolina

There has been a prominent rise in sexually transmitted infection prevalence within the United States among adolescents (15-24 years of age) over the past decade (Shannon & Klausner, 2018). According to the CDC (2022), this age group accounted for nearly half of the reported STIs in 2018. Additionally, females are disproportionately affected largely due to anatomical factors, and thus often face higher rates of prevalence and more debilitating consequences compared to their male counterparts (Van Gerwen et al., 2022). As a result of a more exposed urogenital anatomy, women are more vulnerable to STI infection as well as the production and spread of symptoms across various parts of the reproductive system leading to more negative health outcomes such as cervical cancer, genital ulcer disease, pelvic inflammatory disease, vaginitis, and even infertility (Van Gerwen et al., 2022). Furthermore, Black adolescent females may face more sexual health disparities and health outcomes that negatively impact their overall health and wellbeing when compared to females from other racial groups (Dorsey et al., 2022). According to Cipres et al. (2018), adolescent Black women face practically four times the risk of receiving an STI compared to White women. Dorsey et al. (2022), calls for the need of social change agents and practitioners to become more aware of the needs of this target population and to develop innovative interventions that promote these needs. An important aspect of meeting these needs is to make sure these preventative intervention programs are culturally relevant to the target population.

Cultural relevance pertains to the scope of which the “values, beliefs, and desired outcomes” of the target population attend to the intervention’s development, implementation, and evaluation (Reese & Vera, 2007, p. 766). There are different ways in which a preventative

program can be culturally relevant. One important way is by remaining knowledgeable of the target population and their community. Familiarity of the population including their worldviews, insights, and needs can guide social change agents in developing and implementing appropriate preventative measures. One way of gaining this knowledge is through providing individuals within the target population a voice, as well as the ability to engage as partners throughout the entire prevention process (Reese & Vera, 2007). This working relationship not only provides the prevention advocates important perspectives regarding the target issue, but also provides an environment of empowerment for the target population to become social change agents themselves. Through understanding the specific needs, barriers, and even past efforts within the population via engagement with that population, more appropriately focused preventative measures can take place in a more efficient and effective manner (Reese & Vera, 2007).

By providing culturally relevant, competent, sensitive, and ethically-sound preventative interventions, social change agents have a greater chance of participant acceptance and retention, leading to a higher chance of achievable positive change within their target population (Reese & Vera, 2007). There are more than a handful of ethical guidelines created by the 2014 American Counseling Association (ACA) that can be taken into account regarding competency, sensitivity, and cultural relevancy in the development and implementation of a preventative intervention. Some of the ethical topics that pertain to prevention specifically regarding the reduction of STI prevalence and transmission among adolescent Black females includes confidentiality, informed consent, and stakeholder collaboration.

It would be an ethical obligation to work in accordance with the ACA codes pertaining to informed consent when working amongst minors, codes A.2.d and B.5.a, in order to provide adequate understanding of participant rights and counselor responsibilities when working with

adolescents (ACA, 2014). The participants rights to confidentiality throughout advocacy efforts is also imperative to follow and is covered by code A.7.b (ACA, 2014). Stakeholder collaboration could include advocating and consulting experts who work with the target population such as school counselors or sexual health clinics. Another important code to take into consideration is code D.1.f which states the responsibility of selecting competent staff and assigning them to responsibilities they are competent in (ACA, 2014).

PART 5: ADVOCACY

Sexually Transmitted Infections in Cumberland County, North Carolina

Barriers to health are the various factors that can prevent a person or population from seeking out health services. These factors can be multi-level determinants and can persist at the individual, institutional, community, or public policy level domains and can be influenced by a wide set of forces (Barriers to Health Fact Sheet, n.d.). Multicultural and social justice competent counselors have the responsibility of intervening with, and advocating for, clients at these various levels to reduce barriers, to provide support and empowerment, and to promote positive change (Multicultural and Social Justice Counseling Competencies, 2015).

Barriers

Barriers to addressing STI knowledge and awareness amongst adolescents can occur at each of the aforementioned levels, thus it is important to understand how the target issue may face limitations at each. According to the MSJCC guidelines, the institutional level depicts the community's various social institutions such as community organizations, school systems, or churches (Multicultural and Social Justice Counseling Competencies, 2015). Barriers at this level for addressing the target problem could include lack of support for students within their various

social systems, constraints on funding and resources within the community regarding sexual health education and programs, lack of privacy or confidentiality, healthcare accessibility issues such as transportation and cost, provider maltreatment or embarrassing and uncomfortable procedures, etc. The community level represents the norms, values, and regulations that may be influencing an individual's health behaviors. These can be both spoken and unspoken in nature (MSJCC, 2015). Barriers at this level could include stigma, stereotyping and bias, misunderstanding of the sex education program aims, fear of consequences or low-risk perception, lack of cultural sensitivity and inclusivity, etc. Lastly, the public policy level represents the laws and policies at the local, state, and federal levels that influence health behaviors (MSJCC, 2015). Barriers at this level could include constraints on the school system's sexual health education curriculum, reproductive health clinic requirements, minor's accessibility to healthcare, parental notification requirements, insurance barriers, etc.

Advocacy

Advocacy is defined as the action taken to create social change and can be acted on with, as well as, on behalf of others (Murray & Crowe, 2016). According to the MSJCC (2015), both privileged and marginalized counselors can participate in advocacy work at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels.

At the institutional level, collaborating with students to explore the extent to which they feel supported within their various social systems regarding their sexual and reproductive health could be beneficial. This could help provide a clearer view on where further institutional level advocacy could focus their efforts to empower positive sexual health among adolescents and increase STI awareness. A support group or psychoeducational group for young women's sexual and reproductive health could also be implemented within any number of locations such as

schools, churches, or community organizations. At the community level, providing comprehensive-based sex education workshops that also highlight the benefit of supportive frameworks within the home for parental figures or within the school system for faculty could help increase awareness and support networks for adolescents. At the public policy level, advocating for comprehensive sex education programs within the Cumberland County school systems could help push for more awareness-based curriculums that focus on empowering youths to better understand their sexual health. Through comprehensive knowledge and empowerment, adolescents may be more comfortable in practicing positive sexual behaviors and improve their overall sexual health and quality of life (Leung et al., 2019). This could be done through coalition efforts and decision-maker engagement.

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DATE: 10/31/2023

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