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## **Combatting the Rising Rate of STI Cases in San Diego, CA**

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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, Prevention, San Diego County

### Combatting the Rising Rate of STI Cases in San Diego, CA

**Goal Statement:** The goal of this social change portfolio is to combat the rise in transmission rates of sexually transmitted infections (STIs) through increasing access to education on sexual health and quality health care, including contraceptives and STI testing.

**Significant Findings:** San Diego has seen a rise in the spread of STIs, disproportionately affecting young men and women of color. This rise can be attributed to risk factors such as low socioeconomic status (SES), discrimination, and lack of access to quality healthcare or prevention services. Working to reduce the social stigma associated with STIs, providing quality sexual health education, and increasing access to quality healthcare can allow at-risk populations to prevent the rise in STI cases in San Diego.

**Objectives/Strategies/Interventions/Next Steps:** Identify barriers to at-risk populations that lead to a higher susceptibility to contracting STIs, including cultural factors. Examine the interaction of risk and protective factors that can increase susceptibility to contracting STIs. Work with community leaders and policymakers to increase accessibility to quality healthcare. Collaborate with educators to improve sexual health education, straying from abstinence education. Advocate for the normalization of discussing sexual health to reduce the social stigma surrounding STIs.

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## INTRODUCTION

### Combatting the Rising Rate of STI Cases in San Diego, CA

San Diego is a densely populated area that boasts a higher average health score than the national average, according to County Health Rankings & Roadmaps (2018). While healthcare is more accessible than in other counties, San Diego County has higher reports of cases of sexually transmitted infections (STIs) in comparison to the state of California and the US as a whole.

Furthermore, the County of San Diego, Health and Human Services Agency, Division of Public Health Services, HIV, STD, and Hepatitis Branch (2023) reports that rates of chlamydia were higher among black and mixed-race men and women. Due to the prevalence of STI transmission among minority populations, it is also important to note that factors such as low socioeconomic status (SES), discrimination, and lack of access to quality healthcare may further exacerbate the consequences of STI transmission (Feldstein Ewing & Bryan, 2020). This rising trend of STI transmission raises several concerns regarding the public health and safety impact of undetected STIs becoming severe health conditions. By providing adolescents with comprehensive education on sexual health and increasing access to quality health care, including contraceptives and STI testing, the community may collaborate to combat the rising rate of STIs.

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## PART 1: SCOPE AND CONSEQUENCES

### Combatting the Rising Rate of STI Cases in San Diego, CA

The rising rates of STI cases in San Diego County not only affect the individual who has contracted the STI, but the consequences may impact their partners and families through spreading the infection or through the health repercussions that may occur from contracting the STI. According to County Health Rankings & Roadmaps (2018), 552 new cases of chlamydia

were diagnosed per 100,000 people in San Diego County in 2021. California only saw 488.2 new cases of chlamydia per 100,000 people, and across the US, there were 495.5 diagnoses per 100,000 people. While new cases decreased between 2019 and 2020, the latest cases trended upward between 2020 and 2021. San Diego County still shows a higher number of cases per 100,000 population when compared to state and national trends. If this upward trend continues without increased STI testing, more cases may go undetected, furthering the spread of STIs. As such, it is essential to analyze the population most affected by the spread of STIs and examine the most effective ways to prevent STIs.

The spread of STIs disproportionately affects at-risk populations such as young men and women of color and men who have sexual relations with men. According to the Centers for Disease Control and Prevention (CDC), the highest rates of chlamydia, the most common STI, exist among young women of color, especially those with a low socioeconomic status (SES) (Feldstein Ewing & Bryan, 2020). The CDC also reports that the second most common STI, gonorrhea, has the highest infection rate for men who have sex with men. Moreover, contracting an STI that is not HIV increases an individual's chances of contracting HIV significantly (Feldstein Ewing & Bryan, 2020). Low SES, discrimination, and lack of access to health care all further exacerbate the consequences of contracting STIs (Feldstein Ewing & Bryan, 2020). Due to the increasing rates of STI cases and the populations that STIs disproportionately affect, STI prevention may be more beneficial through educating adolescents in public schools.

The health and economic consequences of contracting an STI, unfortunately, are exacerbated due to social stigma around STIs. Despite some STIs displaying no symptoms, if left untreated, they can still lead to severe consequences such as pregnancy complications, organ damage, Pelvic Inflammatory Disease, and, in the case of HIV, Acquired Immune Deficiency

Syndrome (AIDS) (de Wit et al., 2022). Additionally, due to society's association with STIs with risky sexual behavior, social stigma exists around STIs. It may discourage individuals from regular testing and adversely affect the mental health of individuals with STIs (Sanchez et al., 2023). Due to the social stigma surrounding STIs, fear of rejection may cause individuals with STIs to withdraw from social relationships. Finally, an individual's access to healthcare will determine the economic burden of STI treatment, including time spent, the cost of doctor's visits, and the cost of medication or treatment. Prevention education may allow for the open discussion of how to practice safe sexual activity as well as reduce the stigma around talking about STIs.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### Combatting the Rising Rate of STI Cases in San Diego, CA

The interaction of risk factors and protective factors at the individual, relational, communal, and societal levels influence the likelihood of contracting an STI. Bronfenbrenner's bioecological model focuses on how a child's immediate environment shapes their development while acknowledging the contextual influence of the broader environment (Guy-Evans, 2020). Risk factors may lead to a higher likelihood of contracting an STI, whereas protective factors may lead to a lower likelihood of contracting an STI (Risk and Protective Factors, 2021). As such, examining how risk and protective factors in an adolescent's environment can affect the likelihood of contracting an STI is crucial to identifying potential prevention methods.

Individual risk factors for contracting STIs include taking part in sexual risk-taking behaviors such as not using or ineffective use of condoms, having multiple sex partners, and having sex while under the influence (How to Prevent STIs, 2024). Engaging in sexual activity at an earlier age can further exacerbate these risk factors (Nelson et al., 2023). Individual protective factors include a positive self-image, self-control, social skills, and clear standards for behavior

(Fleming et al., 2019). Furthermore, religiosity is associated with lower sexual risk-taking behaviors among adolescents (Nelson et al., 2023). The interaction of individual risk factors and protective factors affects an individual's likelihood of contracting an STI.

Risk factors and protective factors can also be present in an individual's relationships, influencing their likelihood of risky sexual behavior that may lead to contracting an STI. Andresen et al. (2024) found the accumulation of adverse childhood experiences, especially abuse and neglect, to be associated with risky sexual behavior. Protective factors linked to lower levels of risky sexual behavior and, thus, a lower likelihood of contracting an STI on a relational level include parental involvement, open lines of communication, and behavior of peers. Nelson et al. (2023) found that religious authoritative families had lower levels of sexual risk-taking due to religious ideals of abstinence and self-control and through effective communication. Additionally, peers getting tested for STIs can have a positive effect, influencing individuals to get tested. However, this can be a risk factor as the opposite can be true (Martin et al., 2022).

The community in which an individual resides also influences the context of their environment, creating risk and protective factors that may affect the community. Community-level risk factors linked to a higher likelihood of contracting an STI include neighborhood poverty and lack of access to quality healthcare, testing services, and condoms (Martin et al., 2022). Cultural views, such as a distrust of the medical system, are also potential risk factors. Community-level protective factors include the availability of extracurricular activities, adequate education regarding sexual health, and access to quality healthcare. With more resources and education, individuals are less susceptible to engaging in sexually risky behavior that may lead to STI transmission.



The broad influence of society also creates risk factors and protective factors for individuals. For example, societal stigma against testing for STIs is a risk factor that may prevent individuals from STI testing (Martin et al., 2022), which may cause further transmission of STIs. Furthermore, the presence of sexual content in media is a risk factor for risky sexual behavior that could lead to STI transmission (Arabi-Mianrood et al., 2019). A protective factor at the societal level to reduce STI transmission is governmental policies geared toward adequate sexual health education in schools emphasizing safe sex practices (Karki et al., 2023). It is essential to analyze the risk and protective factors that influence the transmission of STIs to create interventions to reduce their spread.

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## PART 3: THEORIES OF PREVENTION

### Combatting the Rising Rate of STI Cases in San Diego, CA

Prevention programs apply prevention theory to establish interventions and answer questions regarding the target problem. The social-ecological model, as presented by the National Cancer Institute (2005), focuses on how individuals shape their environment, how the environment shapes their behavior, and how this occurs on multiple levels of influence. For example, an individual may be fearful of finding out they have an STI, which may prevent them from taking action to get tested. On the interpersonal level, they may have friends who also do not get tested for STIs, or their doctor does not inquire about their sexual history or encourage STI testing. On the organizational and policy levels, accessibility issues such as appointment availability and affordability of services may also discourage individuals from pursuing testing. The interaction of these influences may ultimately make an individual more or less inclined to

practice safe sexual activity. Behavioral interventions such as sexual health education in schools for adolescents can help reduce adolescent sexual risk behaviors (de Wit et al., 2022).

While no one theory fits all situations, the choice of theory lays the foundation for how STI prevention is viewed and approached (National Cancer Institute, 2005). The Theory of Planned Behavior (TPB) is another prevention theory that can apply to the target problem of rising STI cases. Behavioral intention, which influences behavior, is influenced by an individual's attitude toward behavior, subjective norm, and perceived behavioral control (National Cancer Institute, 2005). Using TPB, Stephanou et al. (2023) found that leveraging the attitude portion of behavioral intention by highlighting the positive consequences of preventive behaviors was most helpful in promoting preventive behaviors. When applying TPB to STI prevention, an individual's behavioral intention would dictate whether they plan to get tested for STIs or practice safe sexual activity. This intention comes from an individual's attitude toward the behavior, such as the importance of engaging in safe sexual activity and regular STI testing, subjective norms, if others significant to the individual practice safe sexual activity and are regularly tested, and perceived behavioral control, or the individual's ability to engage in safe sexual activity and get regularly tested.

The Community Preventive Services Task Force (CPSTF) issues recommendations utilizing research on evidence-based practice to improve public health. According to The Community Guide (2022), the CPSTF recommends group-based comprehensive risk reduction interventions coordinated with community service for adolescents to reduce the risk of HIV, STIs, and teen pregnancy. The CPSTF found insufficient evidence for group-based abstinence education and coordination with club participation or work training. As such, it is essential to note that risk reduction interventions are helpful compared to abstinence education interventions.

Additionally, there is more evidence for community service participation over sports or club participation and work or vocational training. The CPSTF's recommendation for group-based risk reduction interventions coordinated with community service using behavioral interventions focused on attitudes toward risky sexual behavior may help combat the rise of STI cases in San Diego County.

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### Combatting the Rising Rate of STI Cases in San Diego, CA

Incorporating cultural relevance into prevention programs increases inclusivity, effectiveness, and success (Reese & Vera, 2007). According to the Centers for Disease Control and Prevention (CDC) (Seiler et al., 2022), chlamydia, gonorrhea, and syphilis rates have been rising persistently higher in African American and Latinx racial groups than infection rates in White people. Chlamydia, the most common STI in the US, finds its highest rates among young women of color, particularly those of low socioeconomic status (SES) (Feldstein Ewing & Bryan, 2020). The disproportionate rates in which these populations are affected by the spread of STIs are further exacerbated by contextual factors such as low socioeconomic status, access to healthcare, and systemic racism (Dorsey et al., 2022). Due to this, preventing the spread of STIs and trying to ameliorate the underlying conditions that lead to these disparities is crucial.

Increasing cultural relevance aligns with §A.7.a of the American Counseling Association (ACA) Code of Ethics (2014), which requires counselors to advocate for clients by addressing potential obstacles that may be hindering their growth. To increase the cultural relevance of STI prevention programs, it is vital to engage the community and utilize community resources such

as schools and health clinics to increase education and knowledge on the availability of treatments (Seiler et al., 2022). Engaging both adolescents and members of the community to increase awareness of STIs, the consequences of STIs, and the availability of services allows for more support and open dialogue for at-risk adolescents who may need guidance. Furthermore, community members can act as role models for youth to encourage learning and engagement. Focusing on increasing education and access to healthcare helps to address some disparities that young women of color from low SES backgrounds may face (Dorsey et al., 2022).

Counselors must be aware of their own personal values and avoid imposing them on clients, as required by §A.4.b of the ACA Code of Ethics (2014). To increase the cultural relevance of a prevention program, counselors must acknowledge their own biases and respect the diversity of their clients. In addition to personal awareness, §A.2.c of the ACA Code of Ethics (2014) states that counselors must communicate with clients in developmentally and culturally appropriate language. §B.1.a requires counselors to assess the cultural meanings of confidentiality, respecting the client's views toward disclosing information, especially in a program setting. As such, counselors must be sensitive to client needs and context regarding informed consent and confidentiality. Counselors can then step back and listen to the client's needs (Sirolli, 2012). This act of listening rather than imposing allows the client to identify culturally relevant needs.

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## **PART 5: ADVOCACY**

### **Combatting the Rising Rate of STI Cases in San Diego, CA**

Aside from working personally with clients, counselors can work to combat the rising rates of STI transmission through social action and advocacy. Counselors must understand their

privileges and biases, how they affect the counseling relationship, and how to advocate with and on behalf of marginalized clients. Counselors must employ advocacy interventions when working with clients to support them to the extent they can (Multicultural and Social Justice Counseling Competencies [MSJCC], 2015). This can be done on the intrapersonal, interpersonal, institutional, community, public policy, and international levels. This social change portfolio will address advocacy efforts on the institutional, community, and public policy levels.

### **Institutional Level**

According to the MSJCC (2015), institutional-level barriers and interventions involve social institutions, including schools, churches, and community organizations. Multicultural and social justice competent counselors must work to explore and collaborate with supportive social institutions, connect clients with these institutions, and remove systemic barriers through social advocacy (MSJCC, 2015). One barrier for adolescents is the lack of adequate sex education in schools, as public schools have different standards throughout the country (Nelson et al., 2023). Furthermore, the Community Preventive Services Task Force (CPSTF) recommends comprehensive risk reduction interventions rather than abstinence education due to insufficient evidence to show a reduction in sexual risk-taking (The Community Guide, 2022). Social justice competent counselors can connect with school administrators and community leaders to promote adequate sexual health education in schools (Magno et al., 2023). Focusing on providing a standard education on healthy sexual activity rather than abstinence allows youth to learn about healthy sexual activity rather than keeping it unknown.

### **Community Level**

Community-level influences include norms, values, and societal regulations, whether spoken or unspoken (MSJCC, 2015). At the community level, barriers to STI prevention include

the casual sex culture on college campuses and the stigma associated with female sexuality (Marshall et al., 2022). Even the taboo of discussing sex poses a barrier to safe sexual encounters. A multiculturally competent counselor will take the initiative in exploring how community norms, values, and regulations impact clients' growth, as well as conduct research and employ social advocacy to promote the growth of clients (MSJCC, 2015). Competent counselors can further work to shape community norms by having peer-led sexual education, which increases receptiveness and openness (Marshall et al., 2022). Counselors can also work with community leaders and school administrators to provide resources such as condoms in discreet areas, such as bathrooms (Marshall et al., 2022), allowing individuals needing resources to access them without feeling exposed or stigmatized.

### **Public Policy Level**

Laws and policies that affect client growth, whether on the local, state, or federal level, are public policy-level influences (MSJCC, 2015). Public policies that lead to a lack of resources and inaccessibility of services in specific communities are barriers to preventing risky sexual behavior (Mbengo et al., 2022), which can lead to the transmission of STIs. Social justice competent counselors discuss with clients and research how local, state, and federal policies impede client growth and engage in social action and social advocacy to work toward equitable treatment of privileged and marginalized clients (MSJCC, 2015). Advocating for clients on a public policy level includes pushing for policies that address barriers to STI prevention, such as providing sexual health education and accessibility and availability of sexual health services (Mbengo et al., 2022). While barriers and actions are looked at separately, it is essential to implement social action on multiple levels or through a combination of approaches (Mbengo et al., 2022).

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