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## **Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas**

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**Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent**

**Girls in Fort Bend County, Texas**

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## OVERVIEW

**Keywords:** Sexually Transmitted Infections (STIs), STI Incidence and Prevalence, STI Prevention, Fort Bend County, Texas

[Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

### Goal Statement:

My goal is to lower the rate of sexually transmitted infections among adolescent girls through enhanced availability of contraceptives, more widespread STI testing, and thorough sexual health education.

### Significant Findings:

In Fort Bend County, Texas, the rising rates of sexually transmitted infections (STIs) among adolescent girls, especially chlamydia, gonorrhea, and syphilis, have become a significant public health and mental health challenge. These infections not only impact physical health, leading to severe outcomes like infertility and increased HIV risk, but also affect mental health, educational attainment, and economic stability (Johnson-Minter et al., 2020; CDC, 2021). Adolescents, particularly young females aged 15-24, disproportionately bear the burden, with social and structural barriers such as stigma, lack of access to healthcare, and inadequate sexual education exacerbating the situation (Garcia et al., 2023; Keller, 2023). The Social-Ecological Model highlights the importance of addressing individual, relational, community, and societal factors to effectively combat this issue. Recommended interventions include enhanced sexual health education, increased accessibility to contraceptives and STI testing, and societal shifts to reduce stigma and improve healthcare accessibility (CDC, n.d.; Keller, 2023). These

comprehensive measures aim to empower adolescent girls with the knowledge and resources needed to make informed decisions about their sexual health and reduce STI rates effectively.

#### Objectives/Strategies/Interventions/Next Steps:

To effectively address the increasing rates of sexually transmitted infections (STIs) among adolescent girls in Fort Bend County, professionals are recommended to pursue the following structured approach, integrating specific objectives, strategies, interventions, and subsequent steps:

First, enhancing sexual health education within schools is crucial. This strategy involves implementing a comprehensive sexual health curriculum covering STI prevention, contraception, and healthy relationship practices. This intervention requires collaboration with local school boards and the Texas Department of Education to integrate evidence-based sexual health education into middle and high school curricula. The next steps involve identifying and training educators to deliver comprehensive sex education, ensuring the content is culturally sensitive and appropriate (Keller, 2023).

Second, increasing accessibility to contraceptives and STI testing is vital. This strategy aims to establish more accessible healthcare services within community centers and schools. Intervention includes partnering with local health clinics and organizations like Planned Parenthood to provide free or low-cost contraceptives and STI testing services. Developing mobile health clinics in areas with limited healthcare facilities and coordinating with community leaders to promote these services constitute the subsequent steps (CDC, 2023a).

Third, reducing STI stigma and promoting healthy behaviors is essential. This strategy involves launching community awareness campaigns focusing on STI prevention and the importance of testing. Intervention efforts should include collaboration with influential

community members and organizations to lead workshops and talks addressing myths and facts about STIs. The following steps include utilizing social media platforms to extend reach and engagement, particularly targeting youth demographics with message-driven content (CDC, 2023c).

Fourth, fostering community partnerships for better health outcomes is necessary. This strategy involves partnerships with local non-profits and healthcare providers to support STI prevention efforts. Interventions should include partnering with the Community Preventive Services Task Force (CPSTF) to implement group-based comprehensive risk reduction programs tailored for adolescents. Regular evaluation of program effectiveness and strategies adaptation based on participant feedback and ongoing research are crucial next steps (USA.gov, 2023).

Finally, advocating for policy change to support STI prevention is imperative. This strategy involves advocacy to influence public policy supporting comprehensive sexual health education and services. This intervention includes working with local and state policymakers to ensure funding for STI prevention programs and protect minors' rights to access health services without parental consent. Monitoring legislative changes, maintaining active dialogue with policymakers, and participating in advocacy groups focused on public health issues affecting adolescents are essential next steps (MSJCC, 2015).

By focusing on education, accessibility, community engagement, and policy advocacy, these initiatives can lead to significant improvements in public health outcomes for this vulnerable population. This structured approach offers a holistic and effective method for tackling the high rates of STIs among adolescent girls in Fort Bend County.

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## INTRODUCTION

### [Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

Sexually transmitted infections (STIs) in the United States, particularly in Texas and Fort Bend County, represent a growing public health concern, notably affecting adolescent girls (Johnson-Minter, et al., 2020; Shannon & Klausner, 2018). While Fort Bend County is among the top healthiest counties in Texas, STIs have steadily increased (County Health Rankings & Roadmaps, 2023). Furthermore, in Fort Bend County, those aged 15-24 accounted for 67% of cases of chlamydia, 58% of cases of gonorrhea, and 27% of cases of syphilis (Johnson-Minter, et al., 2020). The most common infections, chlamydia, gonorrhea, and syphilis, can be effectively treated with antibiotics but often remain undiagnosed due to asymptomatic presentations and healthcare access barriers (Garcia, et al., 2023). Because comprehensive sexual health education, improved access to contraceptives, and STI testing are critical in reducing the rates of STIs among adolescents and young adults, these measures are essential components of a multifaceted approach to address the growing STI epidemic (Keller, 2023). By providing young women with the knowledge, resources, and services necessary to make informed decisions about their sexual health, we empower them to take proactive steps in preventing STIs.

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## PART 1: SCOPE AND CONSEQUENCES

### [Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

The steadily increasing rates of sexually transmitted infections (STIs) in Fort Bend County pose a significant public health and mental health challenge. This issue affects not only the physical health of individuals but also has profound implications for mental health, social well-being, educational attainment, family dynamics, and the local economy. The prevalence of STIs such as chlamydia, gonorrhea, and syphilis in Fort Bend County has shown a concerning upward trend (FBCHHS, 2022). For instance, in 2021, the county reported 1,406 chlamydia cases at a rate of 986.6 per 100,000 population. Similarly, gonorrhea and syphilis cases have seen increases, reflecting the national trend of rising STI rates and exacerbating the need for targeted public health interventions (CDC, 2021).

According to the US Department of Human Health Services (2023), STIs can lead to severe health outcomes, including infertility, ectopic pregnancy, and an increased risk of HIV. The stigma associated with STIs can also lead to mental health issues such as anxiety, depression, and lowered self-esteem, impacting individuals' overall well-being and quality of life (Singh & Singh, 2021). Furthermore, STIs can affect social relationships, leading to isolation or relationship stress, and may cause educational interruptions for adolescents and young adults, impacting their future opportunities and family dynamics (Garcia, et al., 2023). The economic burden of STIs on the healthcare system is significant, with costs associated with diagnosis, treatment, long-term health complications, and productivity losses due to illness or care responsibilities affecting the local economy (Franzini et al., 2004).

National trends of chlamydia, gonorrhea, and syphilis all increased between 2020 and 2021, with more than 2.5 million reported cases (CDC, 2023b). There were significant increases in specific STIs in 2022, with syphilis cases experiencing a substantial increase, marking the highest number of cases reported since 1950. This alarming rise calls for intensified efforts in STI prevention and innovation across various sectors to mitigate this public health issue. STIs continue to disproportionately affect certain populations, including adolescents and young adults, gay and bisexual men, and racial minority or Hispanic ethnic groups, underscoring the importance of targeted interventions to improve access to quality sexual health care and address the root causes of these inequities (CDC, 2023a; CDC, 2023c).

Adolescent females are particularly vulnerable to STIs due to a combination of biological, social, and access-related factors. The increased susceptibility of the cervical ectopy common in younger women makes them more prone to infections (Bunnell et al., 1999). Socially, young females often encounter barriers in negotiating safer sex practices and accessing reliable sexual health information and services. Moreover, structural barriers such as stigma, lack of transportation, and confidentiality concerns further hinder their ability to receive necessary care (Keller, 2023).

My goal is to lower the rate of sexually transmitted infections among adolescent girls through enhanced availability of contraceptives, more widespread STI testing, and thorough sexual health education.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

[Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

### **SOCIAL-ECOLOGICAL MODEL**

According to the Centers for Disease Control (n.d.), the Social-Ecological Model is a framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors. It illustrates how layers of influence, including individual, relational, community, and societal factors, impact health outcomes. This model identifies and addresses various risk and protective factors for health issues at all these levels, providing a comprehensive approach to prevention and intervention strategies (CDC, n.d.).

#### **Individual**

At the individual level, the Social-Ecological Model focuses on personal knowledge, attitudes, and behaviors related to sexually transmitted infections (STIs). It emphasizes the importance of understanding STIs, transmission methods, prevention strategies, and the role of personal health behaviors in managing risk. Education and awareness are crucial at this level to encourage safe sex practices and regular health screenings, thereby reducing the incidence of STIs (CDC, n.d.).

#### **Risk Factors**

Risk factors are conditions or attributes that increase the likelihood of experiencing a negative outcome. They can be found in various aspects of life, including health, behavior, environment, or social context. Identifying and understanding risk factors is crucial for prevention and intervention strategies to reduce the chances of adverse effects (SAMSHA,

2019). At the individual level, risk factors for contracting an STI include biological and personal history elements (CDC, n.d.). These can encompass age, with younger individuals often at higher risk, and various socio-economic factors like education and income levels. According to DiClemente et al. (2005), adolescents exhibiting high levels of impulsivity or sensation-seeking behavior are at greater risk due to engagement in risky sexual behaviors. Furthermore, low self-esteem, psychological distress, depression, and negative attitudes toward condom use are linked to increased STI risk behaviors and actual STI acquisition. Substance use and a history of abuse also significantly increase the likelihood of STI contraction, as they can influence risky sexual behaviors and reduce the use of protective measures (Muchimba, 2019).

### **Protective Factors**

Protective factors refer to attributes that decrease the chance of adverse outcomes or mitigate the effects of risk factors. These can be viewed as beneficial counterbalances. On an individual level, such factors can encompass a healthy self-perception, the ability to regulate one's actions, and the capacity to interact effectively with others (SAMSHA, 2019). Research indicates that adolescents who recognize their vulnerability to pregnancy and STIs are more likely to practice safer sex compared to those who do not acknowledge such risks. Confidence in condom use, the ability to negotiate its use with partners, the capacity to refuse unprotected sex, and the competence to communicate about sexual health issues, including discussing past partners and sexual histories, are linked to more frequent condom usage and reduced STI incidence (DiClemente et al., 2005).

### **Relationships**

At the relationship level of the social-ecological model, as it pertains to STIs, this level examines close relationships that may influence an individual's risk of experiencing or

transmitting STIs. According to the CDC (n.d.), a person's closest social circle, including peers, partners, and family members, influences their behavior and contributes to their experiences with STIs. Prevention strategies at this level may include programs focused on strengthening parent-child communication, promoting positive peer norms, enhancing problem-solving skills, and fostering healthy relationships. These strategies aim to mitigate risk factors and bolster protective factors within close relationship networks to prevent STI transmission (CDC, n.d.).

### **Risk Factors**

Having unprotected sex, sex with multiple partners, and/or being forced to engage in sexual activity all increase the likelihood of contracting an STI (Mayo Clinic, 2023).

Additionally, some gender differences exist, with adolescent girls facing higher risks due to factors like reduced control within relationships, reluctance to discuss condom use, minimal conversation about sexual health, and relationships with older partners. Other risk factors encompass perceived partner dominance in STI risks, lack of support for condom use, experiences of date rape or dating violence, and relationships with new or high-risk partners (DiClemente et al., 2005).

### **Protective Factors**

Positive peer influence and healthy, respectful relationships serve as protective factors, encouraging safer sexual behaviors and decisions. Family support, cohesion, and communication about sexual matters are crucial in preventing risky sexual behaviors among adolescents (DiClemente et al., 2005). Effective parental monitoring and a strong parent-child connection can significantly reduce the likelihood of their adolescent engaging in risky sexual activities and the risk of STIs.

## **Community**

At the community level of the social-ecological model, the focus is on settings like schools, workplaces, and neighborhoods where social relationships occur. This level explores how the characteristics of these environments contribute to the risk or prevention of contracting STIs (CDC, n.d.). Effective prevention strategies target improving these settings' physical and social environments, such as creating safe spaces and addressing broader community conditions like poverty and segregation contributing to health risks.

### **Risk Factors**

Community-level factors that increase the risk of STI transmission include limited access to sexual health services and educational programs that are exclusively abstinence-based (Mon Kyaw Soe et al., 2018). Furthermore, a lack of access to testing and treatment is considered a significant risk factor at the community level for STIs. Limited availability of sexual health services can hinder early detection and effective treatment of STIs, contributing to higher transmission rates within the community (Keller, 2023).

Gangs also represent a complex community issue, often rooted in neighborhood conditions like the need for protection against crime or family abuse, peer influences, and limited economic opportunities. Adolescents joining gangs face increased risks of engaging in health-damaging behaviors, including violence, unsafe sexual practices, antisocial actions, and substance abuse (DiClemente et al., 2005).

### **Preventative Factors**

A standard comprehensive sex education curriculum could serve as a protective factor against STIs and unintended pregnancies among adolescents (Wasserman, 2020). Comprehensive sex education covers a broad range of topics, including STI prevention,

contraception, healthy relationships, and consent. By providing accurate information and promoting open discussion, it empowers young people to make informed decisions about their sexual health. Wasserman (2020) highlights that the research suggests that comprehensive sex education can lead to delayed initiation of sexual activity, increased use of contraception, and reduced rates of STIs and unintended pregnancies.

Community awareness campaigns that promote safe sexual practices and supportive environments for discussing sexual health openly are also protective factors that work together to create a community that is informed, supportive, and equipped to reduce STI transmission rates (CDC, n.d.).

### **Societal**

At the societal level of the social-ecological model, the focus is on broad societal factors that create conditions conducive or inhibitive to contracting STIs. This includes social and cultural norms, health, economic, and educational policies, and the maintenance of economic or social inequalities between social groups (CDC, n.d.). Strategies at this level aim to promote societal norms that protect against violence and address structural determinants of health, such as enhancing financial security, education, and employment opportunities.

### **Risk Factors**

At the societal level, key risk factors include the stigma surrounding STIs, societal views on sexuality, and influences from media and entertainment on engaging in unprotected sex (DiClemente et al., 2005). The stigma surrounding STIs contributes to avoiding healthcare and poor communication about sexual health between partners, increasing STI transmission risks. Cultural views on STIs and casual sex in the US discourage individuals from seeking sexual health care due to fears of discrimination and negative reactions from healthcare providers.

Furthermore, a lack of confidentiality for adolescents seeking reproductive health care is considered a significant risk factor. It can deter them from accessing necessary services due to fear of disclosure, leading to increased rates of untreated STIs and unintended pregnancies (Franzini et al., 2004). Confidentiality is crucial for encouraging adolescents to seek timely and appropriate health care.

### **Protective Factors**

Key protective measures at the societal level include federal and state policies supporting family planning and STI-related healthcare services. These policies facilitate early detection and treatment of symptomatic STI cases and offer educational programs targeted at at-risk groups, enhancing overall sexual health and prevention efforts (Keller, 2023). Preventative factors include increasing the accessibility and acceptance of STI prevention and treatment services for adolescents. For instance, if managed care organizations incentivize clinicians to screen, advise, and educate at-risk or STI-diagnosed adolescents, it could significantly reduce the spread of STIs (DiClemente et al., 2005). Modifying existing policies or developing new ones to ensure adolescents have access to STI-related services regardless of income and allowing them to seek treatment without needing parental consent could also greatly improve efforts to control the STI epidemic.

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## **PART 3: THEORIES OF PREVENTION**

[Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

Prevention theories offer frameworks to understand health decision-making, highlighting internal and external influences on behavior, attitudes, and health perception (National Cancer

Institute, 2005). The social-ecological theory is one framework that identifies and categorizes the determinants of disease risk across individual, relational, and community levels. It outlines protective and risk-enhancing factors, providing focal points for applying additional prevention theories to elucidate health behaviors. The interplay between the model's levels suggests that interventions in one area can influence others, emphasizing the importance of selecting an appropriate theory for effective health intervention planning.

### **The Health Belief Model**

To address the growing rate of sexually transmitted infections (STIs) among adolescent girls in Fort Bend County effectively, applying the Health Belief Model (HBM) can be strategic. This theory, well-suited for designing behavior change interventions, suggests that people are more likely to take health-related action if they perceive a high threat level from a health issue and believe that specific health behaviors can reduce their risk (National Cancer Institute, 2005). Given the STI context, HBM can help in understanding adolescents' perceptions of STI risk (perceived susceptibility and severity) and the benefits of preventive actions like safe sex practices (perceived benefits) while also addressing perceived barriers to these actions (LaMorte, 2022). Research supports the effectiveness of HBM in promoting sexual health behaviors, indicating that interventions grounded in this model can increase condom use and STI screening among youth (Carpenter, 2010). This theory is appropriate for the identified problem and population because it directly addresses personal beliefs and perceptions that influence STI-preventive behaviors among adolescents.

### **Research Support**

Neuberger and Pabian (2019) conducted a study at the University of North Florida examining motivations for STI testing among college students, utilizing the Health Belief Model

to analyze the beliefs influencing STI testing behavior. They surveyed 389 participants aged 18-44, comparing those who had undergone STI testing (124) with those who hadn't (265). The findings indicated that previous testing, regular health checkups, belief in the importance of testing, or recent risky sexual behavior increased the likelihood of undergoing STI testing. Identified barriers included cost, scheduling conflicts, transportation issues, and fear of parental discovery.

In their study, grounded in the Health Belief Model (HBM), Xu et al. (2024) investigated the determinants influencing the intent to use condoms among college students. A survey of 239 college students revealed that HBM effectively forecasted their condom use intentions. Knowledge of sexual safety indirectly impacted intentions via perceived benefits, vulnerability, and severity. Moreover, egalitarian sexual role attitudes influenced condom use intentions both directly and indirectly through perceived benefits and severity. These findings suggest enhancing condom use promotion in media to lower unintended pregnancies and abortions, thus bettering societal health and life quality.

A meta-analysis by Carpenter (2010) performed across 18 studies revealed that perceived severity, barriers, and benefits significantly align with the likelihood of engaging in positive health behaviors. The analysis suggested the presence of moderators due to the variance explained by external factors. While perceived susceptibility's impact on behavior was consistent across studies, its effect size was minimal, indicating a need for further exploration of its role in influencing health behaviors. It was discovered that benefits and barriers were the most potent predictors of behavior, while severity's influence was weaker, aligning mostly as expected (Carpenter, 2010). Carpenter shared that Harrison et al. (1992) reasoned that the minimal variation in perceived severity, especially for severe conditions like breast cancer, could lead to

its diminished effect size (Carpenter, 2020). They suggest future studies could explore diseases with differing severity levels. Susceptibility often showed no relation to behavior, possibly because those already diagnosed don't vary in perceived risk. However, susceptibility's weak predictive power was consistent across preventive and treatment behaviors.

### **Evidence-Based Programs**

Peer-reviewed research supports the effectiveness of evidence-based programs in achieving goals like reducing STIs. The Community Preventive Services Task Force (CPSTF) endorses group-based comprehensive risk reduction (CRR) for adolescents aged 10 to 19, aiming to lessen the chances of pregnancy, HIV, and STIs (USA.gov, 2023). These interventions vary, advocating for abstinence, combining abstinence with sexual risk reduction, or focusing mainly on sexual risk reduction strategies. The evidence strongly supports CRR's success in lowering self-reported risky behaviors and STIs, though direct proof of its impact on reducing pregnancies and HIV is less robust.

A systematic review has led the CPSTF to endorse comprehensive risk reduction interventions. The review found substantial evidence that these interventions effectively reduce various self-reported risky behaviors, such as the initiation and frequency of sexual activities, number of sexual partners, and incidents of unprotected sex (USA.gov, 2023). Furthermore, there was a noticeable increase in the self-reported usage of protective measures against pregnancy and STIs, along with a decline in the rates of self-reported or clinically-verified STIs. Comprehensive risk reduction interventions focus on multiple strategies to lower the risks of pregnancy, HIV, and STIs, recognizing abstinence as an effective option but also detailing additional risk reduction techniques (USA.gov, 2023). These programs might equally emphasize

abstinence and other methods or mainly highlight various sexual risk reduction strategies, often including condom distribution and STI testing.

Conversely, abstinence education interventions solely advocate for abstaining from sexual activity, presenting it as a choice until marriage and typically discussing contraceptives mainly to outline their failure rates. They often underscore abstinence's psychological and health merits, sometimes integrating media campaigns or community activities for broader engagement (USA.gov, 2023).

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### [Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

As stated earlier, STIs disproportionately impact specific groups, such as adolescents, young adults, and gay, bisexual, and racial or ethnic minorities. This highlights the need for tailored interventions to enhance sexual healthcare access and tackle the underlying causes of these disparities (CDC, 2023a; CDC, 2023c).

Markham et al. (2011) offer a comprehensive exploration of adolescent sexual behaviors, with particular attention to the incidence and implications of STIs among this population in the United States and, more specifically, in Texas. The data indicates a concerning trend of increasing STI rates among adolescents, highlighting the need for targeted public health interventions.

In Fort Bend County, Texas, the diversity of the population necessitates a multifaceted approach to addressing the rising rates of STIs among adolescents, particularly among girls. The ethical considerations in developing and implementing interventions include respecting cultural

norms and values, ensuring equitable access to prevention and treatment services, and safeguarding the confidentiality and autonomy of the adolescent population (Markham et al., 2011).

### **Specific Populations Affected**

#### *Ethnic and Racial Minorities*

Texas has been reported to have high rates of STIs among its adolescent population, with significant disparities affecting ethnic and racial minorities. Markham et al. (2011) underscore the disproportionate representation of Texas youth in national STI statistics, with Texas ranking high for Chlamydia and gonorrhea among females aged 15-24 years. Tailored interventions considering cultural and socioeconomic factors must address these disparities effectively.

Markham et al. (2011) found that Black/African American and Hispanic/Latino adolescents are disproportionately represented in STI statistics, stating that Black/African American high school students in Texas are significantly more likely than their non-Hispanic white peers to have ever had sex, to have had sex with at least one person in the past three months, and not to use birth control pills or Depo-Provera. They are also more likely to have had sex for the first time before age 13 and to have had sex with four or more partners. Similarly, Hispanic/Latino students are noted to have higher rates of sexual activity compared to their non-Hispanic white counterparts. They also demonstrate lower levels of education about HIV/AIDS in school, which could contribute to higher risks of STIs (Markham et al., 2011).

According to Banks et al. (2020), heterosexual African American youth face significantly higher rates of HIV/STIs compared to their peers from other racial groups, primarily due to structural disadvantages, interpersonal risks, and community dysfunction. This disparity is not

solely based on individual behaviors but is deeply rooted in broader societal and environmental factors that increase their vulnerability to these infections.

The disparities by gender, race/ethnicity, and grade level underscore the need for targeted interventions that address the unique challenges and barriers faced by these populations.

Markham et al. (2011) stress the importance of implementing evidence-based sexual education programs and increasing access to sexual and reproductive health services to mitigate the impact of STIs among Texas's youth, particularly among ethnic and racial minorities who are most affected.

### **Mechanisms to Increase Cultural Relevance**

To increase cultural relevance in prevention programs for ethnic minority adolescents in Fort Bend County, one mechanism could involve incorporating community engagement and feedback into program design and implementation. Engaging community leaders and members ensures that interventions are sensitive to the cultural and social nuances of the target population. Furthermore, collaboration with community stakeholders is essential to understanding and integrating cultural values and beliefs into prevention programs. This involves forming a working group with representatives understanding the targeted group's cultural and mental health issues (SAMSHA, n.d.).

Another mechanism is to include culturally specific educational materials and communication strategies that resonate with the adolescents' experiences and language. Tailoring content to reflect the cultural identity and values of the community can enhance program effectiveness. Specifically selecting culturally appropriate evidence-based practices (EBPs) that align with the community's clinical and cultural needs. This selection process should involve

evaluating potential EBPs for their cultural fit and making necessary adjustments to address the unique needs of the target population (SAMSHA, n.d.).

Finally, by modifying EBPs for cultural relevance when necessary, interventions may be tailored based on cultural factors to enhance access to care and adherence to treatment. This entails reviewing and modifying components of the EBP with input from providers, community members, and consumers to ensure the intervention is culturally sensitive and effective (SAMSHA, n.d.).

Implementing these mechanisms involves thoroughly understanding the local community's cultural dynamics and continuous engagement with community members and stakeholders. This approach ensures that prevention programs are culturally relevant and developmentally appropriate for Fort Bend County's adolescent population.

### **Core Ethical Considerations**

The ACA Code of Ethics (2014) highlights several codes relevant to prevention programming, such as section A.2.a Informed Consent in the Counseling Relationship, which emphasizes the importance of informing clients about the counseling process, including confidentiality, limits to confidentiality, and the right to withdraw consent. Section B.1.c Respect for Confidentiality underscores the counselor's duty to protect the confidentiality of clients' information. Lastly, B.2.a Serious and Foreseeable Harm and Legal Requirements addresses the ethical obligation to breach confidentiality only under specific circumstances, such as to prevent serious and foreseeable harm (ACA, 2014). These codes align with the ethical considerations of stakeholder collaboration, informed consent, and confidentiality in prevention programming.

To build on the ACA Code of Ethics (2014) guidance for prevention programming, it's essential to extend these principles into practical application. This involves creating a transparent

communication environment where clients feel informed and respected throughout their participation. For example, counselors can develop clear, accessible consent forms and confidentiality policies tailored to the specific needs of their programs (Kadam, 2017). Furthermore, engaging in continuous education about ethical dilemmas and legal requirements related to confidentiality will ensure that counselors are well-prepared to navigate complex situations, upholding the highest standards of professional ethics and client care (Ewuoso et al., 2021).

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## PART 5: ADVOCACY

### [Empowering Choices: A Strategy for Sexual Health and STI Prevention Among Adolescent Girls in Fort Bend County, Texas]

According to the Multicultural and Social Justice Counseling Competencies (MSJCC) guidelines, mental health counselors can intervene on behalf of clients at various levels, including intrapersonal, interpersonal, institutional, community, public policy, and international/global levels, with the hopes of addressing and mitigating the impacts of power, privilege, and oppression that affect clients' mental health and well-being (MSJCC, 2015). The following focuses on the institutional, community, and public policy levels, the barriers to addressing them, and suggested advocacy actions.

#### **Barriers and Advocacy Actions**

Potential barriers to preventing STIs refer to factors that hinder the effective implementation of prevention strategies, limit individuals' access to prevention services, and impact the overall effectiveness of efforts to reduce STI transmission. These multifaceted

barriers include individual-level factors, sociocultural influences, structural and systemic issues, healthcare provision, and policy limitations. Understanding these barriers within a multicultural and social justice framework can provide insights into addressing these challenges.

### **Institutional Level**

Counselors address inequities at the institutional level, exploring with clients the extent to which social institutions support or hinder their development. This may involve collaborating with institutions to address systemic barriers and employing advocacy to remove these barriers (MSJCC, 2015).

#### *Barriers*

At the institutional level, barriers to STI prevention include limited sexual health education and resources in schools and other institutions. This leads to insufficient knowledge about STI transmission, prevention, and treatment options, which can be a significant barrier to effectively managing and reducing the spread of STIs (Keller, 2023). This lack of awareness from inadequate health education programs leads to a failure to reach or effectively engage all community members. The inadequacy in education and resources may reflect broader systemic issues, including policy limitations and societal attitudes toward sexual health. Addressing these barriers requires a concerted effort to enhance sexual health education, ensuring it is comprehensive, culturally competent, and accessible to individuals from diverse backgrounds (MSJCC, 2015).

#### *Advocacy Action*

Advocating for the inclusion of comprehensive sexual education programs in school curriculums represents a crucial intervention at the institutional level to address the rising STI rates among adolescent girls. This advocacy action targets misinformation and gaps in

knowledge concerning STI prevention by promoting a curriculum that extends beyond mere abstinence. It includes critical aspects such as safe sex practices, understanding consent, and fostering healthy relationships, all of which are essential for informed decision-making among adolescents (National Academies, 2021). Such comprehensive sexual education is vital, as schools play a key role in shaping young people's knowledge and attitudes towards sexual health (Torres, 2024). By enhancing the curriculum within educational institutions, counselors actively work to dismantle environmental and systemic barriers impacting adolescent girls' sexual health outcomes. This approach not only educates youths on important sexual health topics but also contributes to a broader effort to reduce STI rates by equipping adolescents with the knowledge and skills necessary for making safer sex choices (Kendall, 2020).

### **Community Level**

At the community level, counselors address norms, values, and regulations that may impede individuals' development. This includes employing social advocacy to challenge and change community standards that hinder the growth and development of clients, particularly those from marginalized groups (MSJCC, 2015).

#### *Barriers*

Community-level obstacles to STI prevention involve a complex interplay of cultural stigmas, norms, and discrimination that collectively discourage open discussions about sexual health. Stigma associated with STIs and behaviors that heighten STI risk can significantly deter individuals from seeking information, accessing prevention services, and obtaining treatment (Garcia et al., 2021). Such stigma is often intertwined with discrimination based on sexual orientation, gender identity, race, ethnicity, or socioeconomic status, further intensifying the challenges faced by marginalized populations in accessing effective STI prevention and care.

Cultural beliefs and norms play a critical role in shaping individuals' perceptions of STIs and their willingness to participate in prevention efforts. These cultural factors can contribute to silence around sexual health issues, making it difficult for individuals to discuss or address their sexual health needs openly (National Academies, 2021).

### *Advocacy Action*

Developing community-based sexual health workshops and support groups represents an essential advocacy action aimed at supporting adolescents in navigating sexual health issues, including STI prevention. This initiative encompasses the creation of culturally sensitive and accessible workshops tailored specifically for adolescent girls, alongside support groups dedicated to those impacted by STIs. By engaging with community organizations and leveraging local resources, this strategy fosters a supportive network that promotes empowerment and resilience among adolescent girls. This community-level advocacy effectively harnesses the collective power of the community to normalize conversations about sexual health, thereby reducing stigma and encouraging behaviors that prevent STIs (Garcia et al., 2021). Such efforts are crucial in creating an environment where adolescents feel supported and informed about their sexual health, contributing significantly to the overall goal of reducing STI rates among this demographic (Kendall, 2020).

### **Public Policy Level**

Counselors also address public policy issues by engaging in social action and advocacy to alter laws and policies that benefit privileged groups at the expense of marginalized ones. This involves initiating discussions with clients about how policies impact them and working to ensure equitable laws and policies (MSJCC, 2015).

## *Barriers*

Public policy barriers significantly impact the effectiveness of STI prevention efforts among adolescents by creating an environment where restrictive laws and policies limit access to comprehensive sexual health services. According to Keller (2020), such barriers include laws and policies that criminalize or stigmatize certain behaviors, discouraging individuals from seeking necessary prevention services. Moreover, the limitation on the availability or funding of comprehensive sexual health education and prevention programs poses a critical challenge to reducing the incidence of STIs. These policy-related barriers can undermine public health initiatives aimed at educating and empowering adolescents to make informed choices about their sexual health (Keller, 2020). Addressing these barriers requires advocacy for policy changes that prioritize public health and the well-being of adolescents, ensuring that comprehensive sexual health education and prevention services are accessible and adequately funded. By doing so, we can create a supportive environment that facilitates the reduction of STI incidence through informed decision-making and access to preventive care (MSJCC, 2015).

## *Advocacy Action*

At the public policy level, advocating for accessible and youth-friendly sexual health services is crucial to addressing the rising rates of STIs among adolescent girls (Keller, 2020). Counselors can play a significant role in this advocacy by pushing for laws and policies that guarantee adolescent girls have access to confidential and accessible sexual health services. This advocacy involves lobbying for the allocation of funds to clinics that provide free or low-cost STI testing and treatment and ensuring the protection of minors' rights to access these services without parental consent where appropriate. Such efforts, as highlighted by Toporek, Lewis, and Crethar (2009), are aimed at dismantling systemic barriers to healthcare access and

implementing structural changes designed to improve the overall well-being of adolescent girls on a societal level. By embracing a multilevel advocacy approach, counselors can tackle not only the immediate needs related to health education but also strive to alter the systemic and structural conditions that contribute to health disparities among adolescent girls, thereby addressing the complex factors that lead to increased STI rates in this demographic (Keller, 2020).

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