

Issues in Sexually Transmitted Diseases and Sexual Health  
A Literature Review for the City of Lubbock Board of Health  
September 2010

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**Issues: Two areas are intertwined**

In looking at the issue of sexual health services there are found to be two common areas

1. STD education, identification, and management services
2. General sex education



**Local Issues**



*As regards STDs*

STDs pose threat to sexually active college students (2010) The Daily Toreador

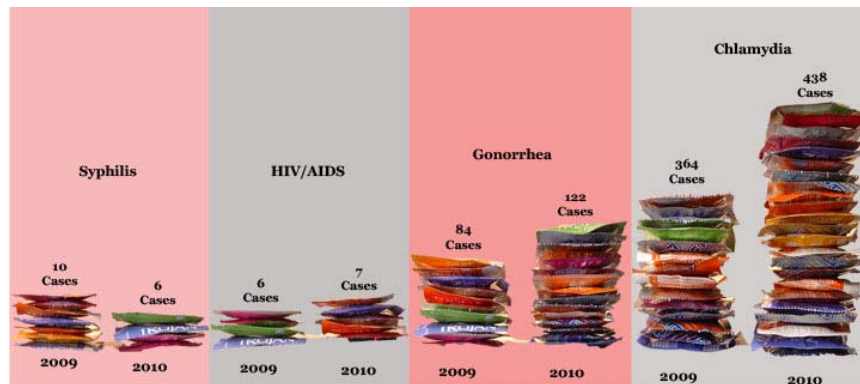
Sam Prien, professor at the Texas Tech University Health Science Center School of Medicine Department of Obstetrics and Gynecology, discussed the Lubbock STD rate in comparison to the national average.

"Chlamydia is the most common STD in this area. The rate is somewhere between 10 and 12 percent of the reproductive population. That's three to four times the national average," Prien said.

Prien said Chlamydia is not the only STD that has a rate well above the national average locally.

"Gonorrhea is the second most common STD. It's between four and five percent," he said.

Image: Sexually Transmitted Diseases First quarter of 2010 by Zack Long from the Lubbock A.J.



As regards sex education

#### Local Statistics

1. Sarah Nightingale, Lubbock AJ 11/1/2009 Schools say community help needed in sex education.
  - a. Six Lubbock teenage girls became pregnant each week in 2008
    - i. Gives the country the fourth-highest pregnancy rate in Texas
  - b. Lubbock County sees more teen pregnancies than the Texas average in a state that ranks third in the nation for teen birth
  - c. More than 300 Lubbock County adolescents became pregnant in 2008, up from 214 in 2005.
  - d. 2008 adolescent pregnancy rate of 38 per 1,000 teens was higher than the state rate of 27 per 1,000 – making the country fourth for teen pregnancies among Texas counties with more than 5,000 girls ages 13 to 17
  - e. County also recorded Chlamydia, gonorrhea and syphilis ceases higher than the state average

*Summary: The city and county of Lubbock note much higher rates of both STDs and unplanned teen pregnancy significantly above the rates found elsewhere in Texas.*

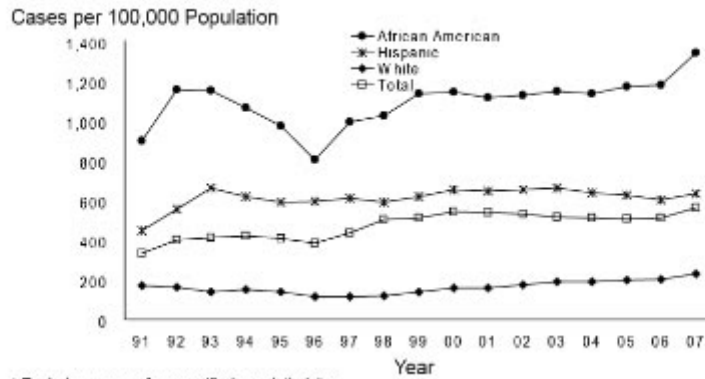


## State Issues

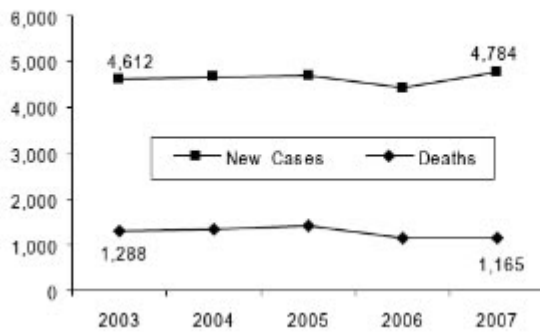


As regards STDs

Figure 15. Chlamydia Case Rates Among Women by Race/Ethnicity\*: Texas, 1991-2007



Number of New Diagnoses of HIV Disease and Deaths, Texas 2003-2007



### Texas Primary and Secondary Syphilis Cases and Case Rates by Year of Report, 1995-2007

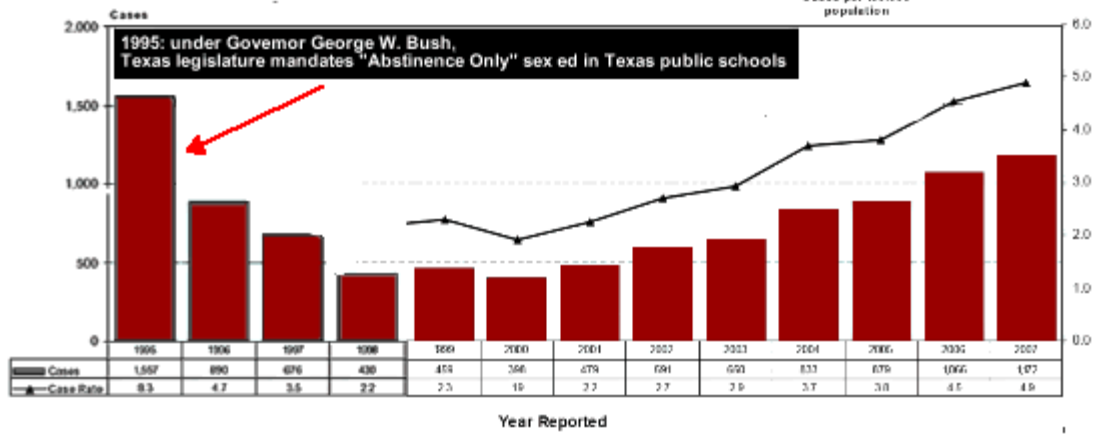
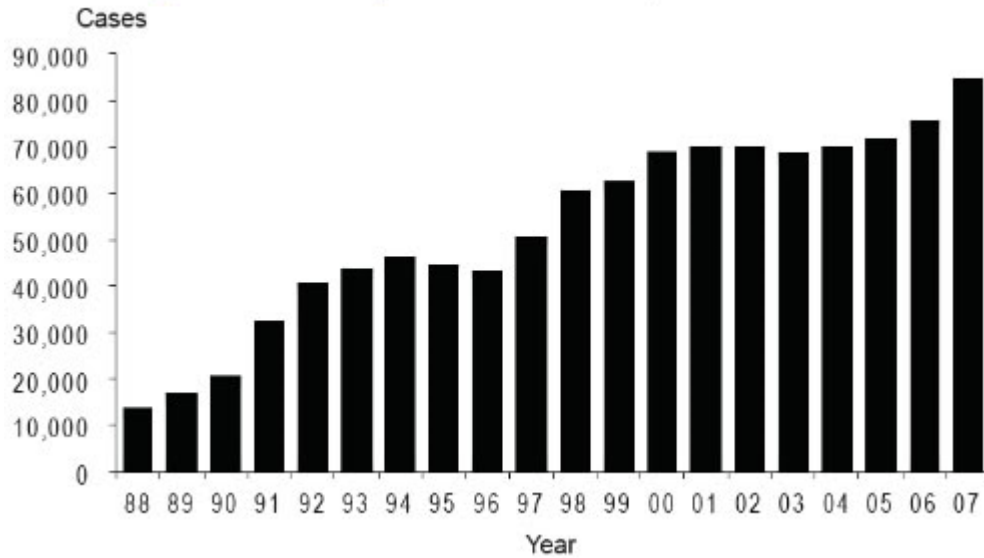
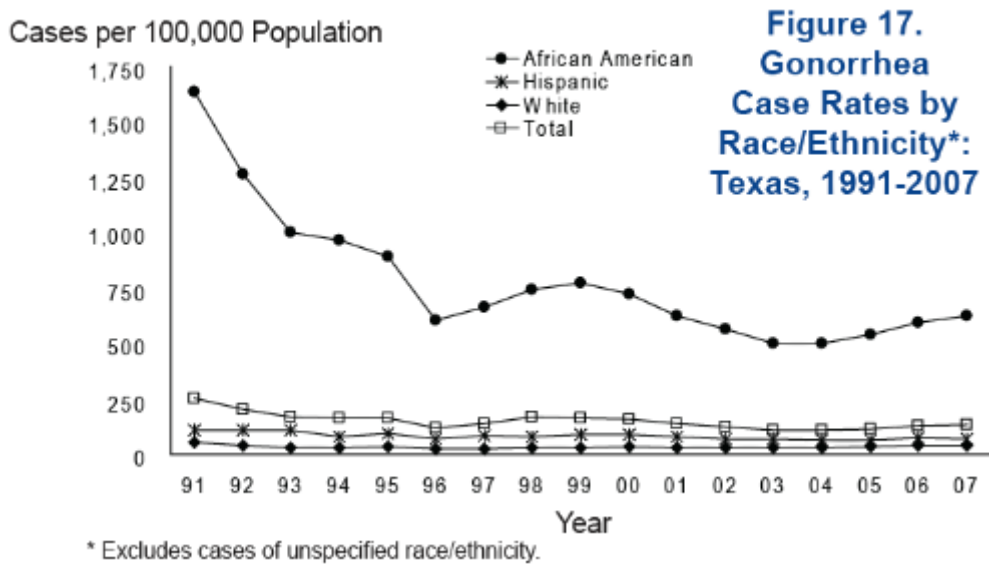
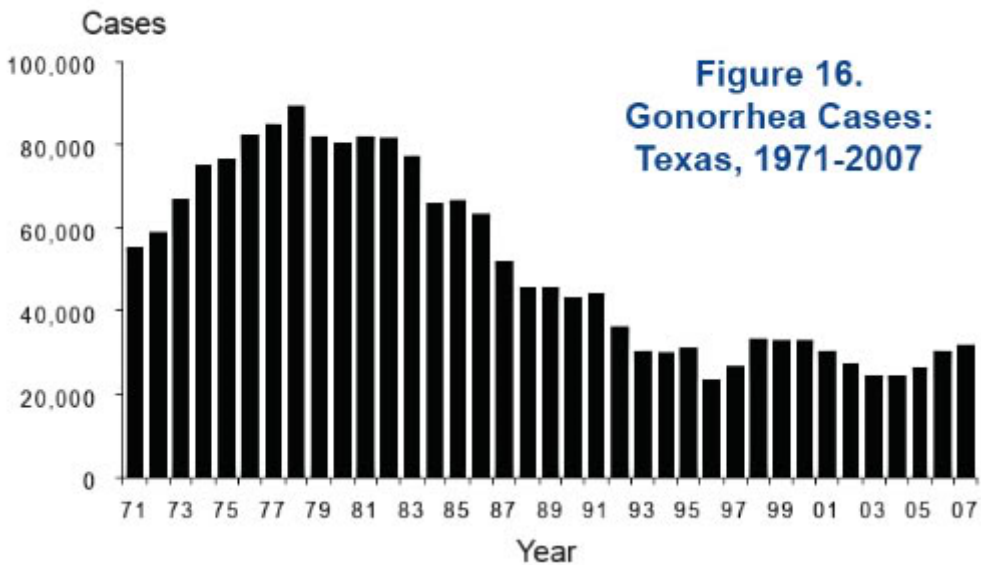


Figure 14. Chlamydia Cases: Texas, 1988-2007





*As regards sex education*

**Texas' Youth: Focus on Sexual and Reproductive Health (2009)**

1. Over 3.5 million youth between the ages of 15 and 24 live in Texas-about 15 percent of the population
2. Over half of Texas' youth-1.86 million-are African American or Latino
3. 53% of high school students in Texas report having had sex and 39 percent report being currently sexually active

4. 56% of high school students in Texas report having used condoms at last intercourse. Only three states have lower rates of condom use among students.
5. Texas' youth, especially young women, are at risk for STDs:
  - a. Youth ages 15-24 experiences 73 percent of the total number of Chlamydia cases in Texas in 2006.
  - b. Youth ages 15-24 experienced 61% of the total number of Gonorrhea cases in Texas in 2006.
  - c. For all youth in this age range, young women were most at risk for STDs, experiencing 83% of Chlamydia infections and 60% of gonorrhea infections
6. African American and Hispanic/Latino youth in Texas are at higher risk for pregnancy than are their white peers. 65 in 1,000 white youth ages 15-19 experience pregnancy, compared to 120 African American youth over 1,000 and 142 Hispanic/Latino youth per 1,000.

#### 2009 Executive Summary: Sexuality Education in Texas Public Schools

1. In 2007, two TSU health education professors were hired to survey public schools in Texas to evaluate actual teaching about human sexuality
  - a. Requests were sent out to 1000 Texas schools, 990 responses were received
  - b. Six key findings
    - i. Most Texas students receive no instruction about human sexuality apart from the promotion of sexual abstinence
    - ii. Most school districts do not receive consistent or meaningful local input from their School Health Advisory Councils regarding sexuality education.
    - iii. Sexuality education materials used in Texas schools regularly contain factual errors and perpetuate lies and distortions about condoms and STDs.
    - iv. Shaming and fear-based instruction are standard means of teaching students about sexuality
    - v. Instruction on human sexuality in Texas often promotes stereotypes and biases based on gender and sexual orientation.
    - vi. Some Texas classrooms mix religious instruction and Bible study into sexuality education programs.

Just Watch the Livestock: Texas schools' sex ed favors 'don't ask, don't tell... and keep 'em ignorant' (2009)

1. Texas teens are more likely to have had sex at least once (nearly 53%) compared to U.S. teens as a whole (nearly 48%) yet are less likely to use a condom when they do.

2. Nearly 44% of sexually active teens in Texas did not use a condom during their last instance of sexual intercourse.
3. Leading to a sky-high teen-pregnancy rate-at 63.1 live births per 1,000.
4. While Texas dropped in 2006 to third from first place in teen births, the state's pregnancy rate actually increased over the previous year. It isn't that we're doing any better; it's just that Mississippi and New Mexico are doing worse.
5. In 2007 Texas received more than \$18 million in federal funds for abstinence-only education.

Some Texas districts change tune on abstinence-only sex ed (2009)

1. The rate of student pregnancies in Austin high schools has increased 57% since the 2005-06 school year and rates of STDs are rising among Travis County teens.
2. Some Texas schools are moving from abstinence only to "abstinence plus" curriculum.
3. Abstinence only gives limited information about contraceptives and condoms and tends to downplay their effectiveness, while abstinence-plus stresses the importance of using such protection if teens are sexually active.

*Summary: The state of Texas has much higher rates of STDs and teen pregnancy than is found elsewhere in the United States. Rates of Gonorrhea are particularly high for African-Americans in the state. Recent investigations involving the effectiveness of "abstinence-only" sex education found the programs of little value. "Abstinence-plus" programs being implemented in some school districts in Texas appear to be more effective in reducing teen pregnancy rates.*



## National Issues



*As regards STDs*

Progress Review: U.S. Dept of Health and Human Services-Public Health Services 8/2008

1. Objectives for STDs present a mixed picture of successes and failures to close in on their targets.
  - a. The 2010 targets for objectives related to pelvic inflammatory diseases and genital herpes have been met or surpassed.

- b. The objective for congenital syphilis, two subobjectives related to responsible adolescent sexual behavior, and the two subobjectives related to screening for genital Chlamydia are moving closer to their targets.
- c. Showing little or no change are the objectives related to primary and secondary syphilis and to fertility problems.
- d. More than 65 million people in the U.S. are currently living with an incurable STD.
- e. From 1997 and 2006 Chlamydia infection rates among persons 15 to 24 years of age increased as follows: by 21 percent among females attending STD clinics; by 32 percent among males attending STD clinics; and by 42.3 percent among females attending family planning clinics.
- f. Barriers
  - i. Multiple factors contribute to STD disparities in non-Hispanic blacks, including social determinants that are outside of the traditional public health paradigm. Among these are the prevalence of high incarceration rates, low educational attainment, low rates of health insurance, and racial inequalities.
  - ii. Untreated Chlamydia and gonorrhea are the major forerunners of PID, the most serious consequences of which can be infertility, chronic pelvic pain, or ectopic pregnancy. An estimated 50 percent of all preventable infertility among women is a result of infections with Chlamydia and gonorrhea.
  - iii. Re-infection rates among women diagnosed with and treated for Chlamydia and gonorrhea are high, in many cases because their partners do not receive treatment.
  - iv. Expedited partner therapy (EPT) is the practice of treating the sex partners of persons with STDs without an intervening medical evaluation or professional prevention counseling. EPT has the potential to be a more effective STD prevention and control strategy nationwide, but its legality is uncertain in some States, and overt statutory impediments exist in others. As of mid-2008, more than 15 States have formally added EPT to their clinical options for Chlamydia and gonorrhea.



*As regards sex education*

## Adolescents Health Department Services

### 1. Healthy Teens Initiative

- a. Seven Steps to Comprehensive Sexual and Reproductive Health Care for Adolescents in New York City, New York City Department of Health and Mental Hygiene (2009)
  - i. Guarantee confidentiality and adolescents' rights to consent to sexual and reproductive health care
  - ii. Make services accessible and facilities welcoming
  - iii. Deliver sensitive care
  - iv. Screen and refer for sexual and reproductive health issues, substance use, and mental health concerns
  - v. Provide risk-reduction counseling and education
  - vi. Provide contraceptive methods, including emergency contraception
  - vii. Inform, assist, and support all decisions regarding pregnancy

## Trends in Child Research Brief: Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows (2002)

1. The teen birth rate in the U.S. in the mid-1990s was more than double the rate for Canada and more than four times the rate in Germany.
2. Sexually transmitted diseases in the U.S. are highest among teens and young adults, are higher than STD rates in other industrialized nations.
3. Improving adolescent reproductive health involves the following behaviors.
  - a. Delaying sexual initiation
  - b. Reducing the frequency of sexual activity
  - c. Reducing the number of sexual partners
  - d. Increasing condom use and overall contraceptive use
  - e. And reducing the rate of unintended pregnancy and childbearing as well as lowering the incidence of STDs among teenagers
  - f. Article includes a summary table: Review of Research Studies for Targeted Activities to Improve Adolescent Reproductive Health (What works, what doesn't work)

## Red Sex, Blue Sex: Why Do So Many Evangelical Teenagers Become Pregnant (2008)

1. Social liberals in the country's "blue states" tend to support sex education and are not particularly troubled by the idea that many teen-agers have sex before marriage, but would regard a teen-age daughter's pregnancy as devastating news. And the social conservatives in "red states" generally advocate abstinence-only education and denounce sex before marriage, but are relatively unruffled if the teen-ager becomes pregnant, as long as she doesn't choose to have an abortion
2. A national survey conducted by the University of Texas found that religion was a good indicator of attitudes toward sex, but a poor one of sexual behavior, and that this gap is especially wide among teen-agers who identify themselves as evangelical.
3. Evangelical Protestant teen-agers are significantly less likely than other groups to use contraception. Only half of sexually active teen-agers who say that they seek guidance from God or the Scriptures when making a tough decision report using contraception every time. By contrast, sixty-nine per cent of sexually active youth who say that they most often follow the counsel of a parent or another trusted adult consistently use protection.

Federally funded abstinence-only programs are failing us, but our government keeps pumping money into them. (2005)

1. Discussion of "The Education of Shelby Knox" a documentary aired on PBS, about a Baptist teenager from Lubbock, Texas, who fights for comprehensive sexual education in her hometown, which has one of the highest rates of teen pregnancy and sexually transmitted disease in the state.
2. A review of these abstinence-only programs show that many such programs use curricula that distort information about the effectiveness of contraceptives, misrepresent the risks of abortion, blue religion and science, treat stereotypes about girls and boys as scientific fact, and contain basic scientific errors. Research shows that teenagers who receive contraceptive education in the same year that they choose to become sexually active are about 70% more likely to use contraceptive methods (including condoms) and more than twice as likely to use oral contraceptives as those not exposed to contraceptive education. That is why the National Institutes of Health recommends that, although sexual abstinence is a desirable objective, programs must include instruction in safe sex behavior, including condom use.

*Summary:* Objectives for congenital syphilis, responsible adolescent sexual behavior, and screening for genital Chlamydia are moving toward target goals. Little progress has been shown for primary and secondary syphilis and fertility problems. More than 65 million people in the U.S. are currently living with an incurable STD. Chlamydia infection rates continue to increase

significantly. Expedited partner therapy (EPT) appears to be gaining in popularity as it reduces rates of infection however legal challenges remain. Efforts to improve adolescent sexual and reproductive health have had limited success. Major cultural and religious conflicts exist in the provision of sex education.

## **Status of Existing Health Department Web Presence**

### Components of the Lubbock Health Department Web Site

1. Existing web site
  - a. Looked at Amarillo, Austin, Houston and Texas Department of State Health Services
    - i. Lubbock site is competitive in information provided and service description
    - ii. Austin had more in terms of outreach including educational presentations and materials, harm reduction materials (condoms, dental dams, bleach & water kits), and clothing and food distribution
    - iii. Houston had more links to position papers, recommendation standards, and epidemiologic articles
    - iv. Texas Department of State Health Services had a detailed section on the Expedited Partner Therapy service ([www.dshs.state.tx.us/hivstd/ept/default.shtm](http://www.dshs.state.tx.us/hivstd/ept/default.shtm) )
    - v. The State Health Services site also had listing for HIV/STD Training available through their agency for both on-site and on-line education
2. Additional components that might be added to the Lubbock site
  - a. More hyperlinks
  - b. Social networking (i.e. facebook)
    - i. Would require a mediator to post information and facilitate discussions
  - c. Additional specific sex education material
  - d. Following from the HHS suggestion for national guidelines for conducting Internet-based STD and HIV prevention:
    - i. Online partner notification: At the most basic level, the Internet is useful for finding information (i.e., physical and e-mail addresses, phone numbers) for partners of clients infected with STD-HIV.
    - ii. Online outreach: can take the form of outreach in chat rooms. Both chat-room outreach and auditorium-style "Ask the expert" sessions have been conducted.

- iii. Online health communications: Websites, Banner Advertisements, Podcasts, Videos and Blogs, Social networking (Guidelines for Internet-based Health Communications, National Coalition of STD Directors 2009)

## **Summary and Recommendations**

After a review of the scientific and community literature the following recommendations are made regarding the possible investigations of the City of Lubbock Health Board:

1. As regards sexually transmitted diseases
  - a. Development of an “Expedited Partner Therapy” program within the Dept of Health
    - i. Will need to consult with legal dept as to state laws that might govern this provision of service
  - b. Expansion of Health Dept Web site
    - i. Consider deployment of a Facebook page to assist in STD education, identification, and remediation
    - ii. Review other city health department sites and add content as deemed useful
    - iii. Establish if the department can produce podcasts and other streaming media channels to distribute information
2. As regards general sex education
  - a. Expansion of Health Dept Web site
    - i. Consider deployment of a Facebook page targeting adolescent and young adult sexual and reproductive health
    - ii. Establish if the department can produce podcasts and other streaming media channels to distribute information to teenagers
  - b. Conduct marketing campaign with local school districts advising of new means of accessing health information
    - i. Will need to create list of local educators that are involved in health and sex education in the local districts
  - c. Consider establishing a “youth commission” that will be charged with providing student input into programming for STDs and sex education
    - i. May look at creating a college centered group so as to avoid the problem of participation by minors