

Social Determinants and Sexual Health in Adolescents

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Introduction

Question: How do the social determinants of lack of education and lack of healthcare access affect adolescents in rural populations related to the topic of sexual health and how can community resources help prevent these inequities?

What brought us here?

In collaboration with Promise Community Health Center, we identified the population they serve as those that may be underrepresented in the community. Through directing our research to better serve this population and assessing the availability of resources for this population, we noticed a significant lack of education about sexual health for adolescents.

Many adolescents are unaware of the dangers of unsafe sexual practices. Research has shown that many adolescents are afraid to reach out for more information because of the deafening stigma around the desire to know more about sexual health.

Method & Data Analysis

Our method was a literature review looking at various forms of research including quantitative, qualitative, and mixed methods studies. Several key words were used in our search, including adolescents, rural, social determinants of health, sexual health, and sexual education. After a thorough examination of the articles found, we identified ten research studies that fit the criteria we were looking for in our analysis:

Quantitative Research

- **Self-administered survey** determining most effective sexual health teaching strategies for adolescent
- **Questionnaire** for college students focusing on “general demographics, sexual risk-taking behaviors,” and “sexual health knowledge and sources of sexual health information” (Freeman et al., 2018, p. 76).
- **Online surveys** regarding Hispanic participants’ preferences on sexual health education
- **Structured interviews, group sessions, and surveys** to collect data on STI and HIV status, age, employment and income, and perceived discrimination of the African American participants

Qualitative Research

- **Semi-structured interviews** and a “rank order task” (McKellar et al., 2020, p. 5) to explore health care professionals’ thoughts on teenagers’ practices of and barriers to seeking sexual health information.
- **Semi-structured interviews** including parents’ and adolescents’ communication with each other about the child’s romantic experiences.
- **One-on-one interviews** asking about participants’ preferences with health care providers’ communication skills and characteristic regarding sexual health teaching
- **Review of medical records** of individuals newly diagnosed with HIV / AIDS to determine barriers to adherence to medical care

Mixed Methods Research

- **Semi-structured interviews, health literacy assessments, and quantitative surveys** to gauge how well hospitals adapted their health literacy levels for individual clients
- **Surveys** done on two groups of nurse practitioners to look into “barriers to conducting a quality sexual history” and to keep track of the “differences in use of the HIV Risk Survey” between the two groups (Sheddan & Wood, 2020, p. 223).

Results

1. **Practices and barriers to adolescents seeking sexual health information.** This includes searching the internet for information before scheduling a visit with a healthcare provider. Barriers to seeking sexual health information that emerged from the studies included disapproval by parents, social media, society, discrimination, and a lack of peer support.
2. The studies found that adolescents learn about sexual health most effectively in a group setting and with teachers, but at the same time, these **adolescents retained more knowledge about sexual health when taught by a nurse educator.**
3. **Parental influence on adolescent sexuality. parents have a deeply rooted influence on adolescent health education** because they can pressure their children to hold off relationships until after high school and even college, and they can also instill into their children that sexual relationships can damage females’ self-respect, mental health, and reproductive function.
4. Healthcare providers’ effects on an adolescent sexual health visits. **By building a trusting patient-provider relationship can facilitate conversations about sexual health for the younger population.** To do this, healthcare providers must adapt their education methods according to their patients in order to avoid miscommunication based on assumptions of the health literacy, language, understanding, and maturity of the patient. Part of building a trusting relationship also includes establishing a comforting and confidential space for the adolescent to speak about their concerns so the patient does not feel a need to lie about their sexual history; the studies found that adolescents prefer providers who acknowledge their concerns about being normal and who give a straightforward style of sexual health education.

Gaps

Although these articles presented strong and useful data, they had some limitations as well. One of these limitations included having small sample sizes, which was prevalent in half of the articles. These articles also may not generate information that can be applied to larger groups of people because of diversity and large population representation. This was national research and not local research found. Some articles mentioned that they used convenience sampling and that their samples only came from one geographical area or from one gender, race, or ethnicity. Because of this, some of these results may not translate to other groups of adolescents and some had little diversity in the chosen populations.

Conclusion

Our research shows a **large need for reform** in how health care professionals approach sexual education. All health care facilities have the opportunity to make real change in their community in regards to sexual health and prevention of sex-related diseases, especially in the adolescent population. Our research has provided easy and applicable ways to implement this change and, in turn, make a positive effect how sexual education is approached, especially in regards to prevention.

Future Directions

From our research, we came up with 3 interventions for implementation. They were specifically for Promise Community Health Center but can be modified to fit other settings as well.

Involvement in the School System

- Research shows that sexual education is most effective when given by a healthcare professional.
- Recommendation of working with the area school systems to have a healthcare provider provide this essential education.
- Not a one-time occurrence, but rather, continue to educate adolescents throughout their middle and high school years.

Adding Sexual Health Information to Facility Website

- Most individuals, adolescents in particular, go to the internet as their first source of medical information.
- Can include the services offers, but also how to navigate the world of contraception and STD prevention. This section could also include abnormal symptoms that may indicate an STD.

Modified Well-Child Visits

- Recommendation of a set aside time in which the parent or guardian steps out of the room so that the adolescent can be as comfortable as possible asking questions.
- Due to the parents’ large role in promoting or deterring the sexual health of their child, it would be beneficial for parents to have an education time of their own with another healthcare worker at this time.

References

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