Sexually Transmitted Infection Health Literacy Among Urban Emerging Adults

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Introduction

Emerging adults, ages 18 to 29 years, have the greatest number of sexual partners and highest rates of newly contracted sexually transmitted infections (STI), including Human Immunodeficiency Virus (HIV) (CDC, 2011; CDC, 2013). Over 50% of all new infections of gonorrhea and chlamydia in the U.S. are among emerging adults (CDC, 2014). San Francisco has a higher STI and HIV contraction rate than the rest of the United States (CDC, 2011). Majority of existing HIV and STI contraction research focuses on the adolescent period of development, ages 14 to 18. Current research with adolescents has shown increased STI contraction and sexual risk behaviors decreasing at a low socioeconomic status, ethnic disparities, and low education levels (CDC, 2011; Champion, Hartin, & Collins, 2013; Kan, Cheng, Landale, & McHale, 2010). African American and Hispanic adolescents are more likely to be sexually active and have more sexual partners than their Caucasian counterparts (Kan, Cheng, Landale, & McHale, 2010). African American and Caucasian emerging adults showed a decrease in the number of sexual partners, whereas Hispanics did not (Kan, Cheng, Landale, & McHale, 2010). Champion, Hartin, & Collins (2013) conducted a study involving a group of Mexican American and African American females from Austin, Texas, ages 14-18. During the study, participants who displayed a lower level of STI health literacy were also more likely to have contracted an STI. Students who had a higher level of STI health literacy showed promise of increasing their health knowledge.

Objective

The purpose of this study is to target STI health literacy among emerging adults.

Methods

The study will be able to identify gaps in sexually transmitted infection (STI) contraction in emerging adults. Only 4% of Americans ages 18-24 are enrolled in college and 59% of students who participated in a group study had a lower level of STI health literacy (Cowan, 2011). The study will be able to discuss the emerging adulthood framework in relation to STI health literacy.

Theoretical Framework

Emerging adulthood is the period of human development between the ages of 18 to 29 years; the theory pertains to people from highly mobile, fast-paced, and urban communities (Arnett, 2000; Arnett, 2014). The age of identity explorations

Ethnicity of Participants

All Participants: Hispanic Descent 37%, Asian Descent 5%, African American Descent 5%

Sexual Orientation

Heterosexual 80%, Homosexual 0%, Bisexual 4%, Queries 6%

Materials and Design

Demographic survey

Knowledge assessment – originates from the Champion, Harlin, & Collins (2013) study and was originally adapted from the AIDs Risk Reduction model.

Procedure

Short introduction to the survey (10 min), participants individually completed demographics and knowledge assessment (25 min), then group discussion regarding the correct answers to the knowledge assessment. (20 min)

Demographics

Participants ranged in age from 18 to 29 years, with an average age of 20.4 years. There were 77 females (approximately 65% of the sample), 28 males (approximately 31% of the sample), and one unreported gender (approximately 1% of the sample). The average income was “Below $10,000 annually” (72%) and the average educational level was a “High School Diploma or Below” (85%). Of this population, 61% reported being “Single.”

The emerging adult population observed in this study can be difficult to reach. High levels of participation can be accessed through colleges and universities, but 4% of emerging adults are enrolled in college at any given time. Only 28% will be enrolled in a 2- or 4-year institution (National Center for Education Statistics, 2014). Health clinicians need to determine ways to reach emerging adults who do not attend higher education. Several community-based adult education centers that serve high school equivalency programs, with exception of the SJSU cohort, were used in this study. It was challenging to obtain participants in the community-based programs due to attendance fluctuation. The lack of participation may be related to work, transportation conflicts, and/or child care needs.

Community-based programs were targeted for possible dissemination of an STI health literacy workshop; however, demographic data revealed that government assistance programs may be a better outlet to reach emerging adults.

Participants

The majority of the participants are enrolled in Medicaid or MediCal (California’s Medicaid program) and receive some government assistance programs, with exception of the SJSU cohort), were used in this study. It was challenging to obtain participants in the community-based programs due to attendance fluctuation. The lack of participation may be related to work, transportation conflicts, and/or child care needs.

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Discussion

The data reveals deficits in STI health knowledge. During the age of identity explorations and the age of instability, many emerging adults explore new sexual preferences and experience the greatest number of sexual partners, which places them at increased risk of STI contraction (Arnett, 2014; Arnett, 2014). The current study is consistent with previous research that participants who answered ‘none’ on the community STI risk level perception had significantly lower average scores than those who answered minimal or above. Additionally, women who answered “none” on the community STI risk level perception were also 99% more likely to have significantly lower average scores than those who answered “minimal” or above. 50% of both males and females reported that they “do not know” whether or not they had received the HPV vaccine.

Knowledge Assessment

The data revealed deficits in current STI knowledge related to the spread of HIV/AIDS, HPV, and various STI/HIV implications. There were significant differences in average knowledge assessment scores between genders, or between ethnicities.

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