**Literature Review**

Tania Romero

The University of Texas at Arlington

KINE 4359 Cumulative Experience

Dr. Green

February 14, 2022

**Introduction**

My research question is “How are social determinants of health associated with sexually transmitted diseases/infections in women?” The sexually transmitted diseases/infections or STDs/STIs that I will mainly focus on include Herpes Simplex Virus type one and two (HSV 1 & 2), Human Papilloma Virus (HPV), Neisseria gonorrhoeae, Chlamydia trachomatis, Syphilis, and Trichomonas Vaginalis / Trichomoniasis (“trich”).

**Background**

Sexually Transmitted Diseases or STDs are prevalent, and there are millions of infections in the USA every year. These STDs can affect both men and women, but for the sake of my research, I will only be focusing on women. These diseases are passed sexually from one person to another through vaginal, oral, and anal sex. Not all STDs show symptoms but if so, they may only cause mild symptoms. Often a patient may be unaware they even have an STD until they are tested or have a sudden outbreak of some sort, such as herpes. If not treated in time, these STDs can cause long-term risks such as the disease spreading to the fetus, making it difficult or impossible to get pregnant later, and can cause potentially fatal ectopic pregnancy, which are pregnancies that occur outside the womb. STDs are preventable with safe sex practices such as condoms, but mainly by avoiding vaginal, anal, or oral sex overall. All STDs are treatable with medicine, and some are cured entirely (Sexually transmitted diseases, 2022). Most STDs can have similar symptoms and long-term effects, but it is essential to know the significant differences between the seven listed above.

**Impact on Women**

As public health workers, we lack education programs on STDs to women regarding what they are, how they are contracting them and how to prevent them, how to get diagnosed and treated, long term-effects, and risks of having the STD. That is why through my work site at Women’s Care of Mid-Cities, a private Obstetrician-Gynecologists (OB-GYN) clinic in Euless, Texas, I want to get first-hand experience on how a licensed Medical Doctor in OB-GYN, Dr. Pamela Asghar, deals with STDs within her patients. For the past few weeks, I have been observing her and taking down data of her patients diagnosed with specific STDs, their age, and their race in hopes of finding a correlation within the three and creating real-time statistical data over my topic. So far, from observing this clinic in such a short time, I am already noticing a pattern in what STDs are most common. I want to research what social determinants of health are playing a role in these patients getting an STD and what could be done differently in the future to prevent these diseases. My goal is to create an educational website throughout my semester (January-May) about the seven types I had listed above and everything a patient would need to know about them. I genuinely do believe that these women have a lack of education regarding these diseases.

Regarding my research question, quite a few themes can come from simply focusing on the social determinants of health. The three themes I would like to focus on are the economic impact on women who have been diagnosed with an STD, the level of education that these women have over the diseases, and the racial factors associated with the diagnosis of the conditions. From evaluating these topics, I would like to find trends within these factors and use the information to provide my audience with an educational website to answer all their questions. Even though I have only been at the clinic for a few weeks, I have noticed a common trend, that when their patients are being diagnosed with certain STDs, they often freeze and have no idea what to do next or what that new information is going to do to their lives. These reactions lead to these women's lack of education over sexually transmitted diseases that occurred within their lifetime.

**Level of Education**

The Center for Disease Control and Prevention has created the Community Approaches to Reducing Sexually Transmitted Diseases (CARS) initiative. This program provides community engagements and partnerships to build a local STD prevention and control capacity. The interventions through this program are to identify the societal issues, such as access to quality health care and how they contribute to the disparities. It also has provided its audience with the intervention to address these issues, promote personal health, and advance community wellness (CDC community approaches, 2020). Although this website sounds very educational and could be helpful for the women who are uneducated regarding STDs, how is it being promoted to those who do not already research it or know about it?

The CARS program was further researched by Rhodes and his team, specifically on its interventions. The CARS program hopes to increase STD prevention, screening, and treatment to address locally prioritized STD-related social determinants within the community experiencing those disparities. Examples of the disparities focused on include the youth, people of color, sex, and gender minorities (Rhodes et.al., 2021). From being at a women's clinic firsthand, I can attest that woman are not aware of these initiatives due to the lack of promotion. With the site I am creating, I want to ensure it is promoted within the clinic for its new and established patients to access regardless of their STD status. This research tried to encourage a form of the CDCs program through a different form of engagement. The study expanded on their community engagement literature within STD prevention, screening, and treatment. The community engagement took place by guiding practitioners, researchers, and their partners as they worked on developing, implementing, and evaluating the strategies used to reduce STD disparities (Rhodes et.al., 2021). Therefore, these researchers worked with the medical officials before reaching out to the patients. I believe that this is a great way to intervene in the education of STDs. If the officials know how to educate their patients, the information could spread properly. It can help target some disparities associated with STDs and what specific intervention will occur for those.

 Lack of health education contributes to women's ignorance regarding STDs, but a few other disparities that contribute to their history with STDs can be from other factors despite their education. Racial and ethnic disparities have a significant role in STD rates. Syphilis, HIV/AIDS, and Gonorrhea are 5.4-17.8 times more prevalent in African American women than white women (Hogben & Leihiter, 2008). The impact race has on STD rates does not solely have to do with the color of their skin but the environment in which they grew up. The prevalence differences among groups can cause effects on women's sexual behaviors. For example, the median number of sexual partners in women is 3.6 in White women, with 10.2% having 15 or more partners. The median is 4.1 in African American women, with 8.8% having 15 or more partners (Hogben & Leihiter, 2008). This national data can cause confusion since it shows little to no difference in sex behaviors partner numbers between races. This lack of correlation continues the research to show that social determinants can have reciprocal influence patterns among these women.

**Racial Factors**

Rather than being independent factors, studies can occur upon the epidemiological levels of the women. For example, racial segregation underlies and reinforces other social determinants of health and acts directly upon the epidemiological mediators. Understanding these factors tied to their disparities can be vital in decreasing these disparities. Due to these disparities, it can be difficult and uncomfortable to ask about the outcomes of racial segregation regarding health education which is why it can often be easier to avoid the disparities and focus on the epidemiological context of the patient. The geographic clustering of the diseases can occur in an epidemiological context (Hogben & Leihiter, 2008). Within my project, I will be focusing on a specific epidemiological area. I cannot get precise data on all STDs, but I can access the STDs level within the Women of Euless, Texas, and correlate the levels to their race and geographic area.

Income can significantly affect STDs within women, specifically younger women. Because STDs are most common among younger women, their income and race can play a role in their risk (Salazar et.al., 2007). African American women are at high risk for STDs because they are more likely to have sexual contact with “high risk” adults who are members of the “core-groups” who have a higher rate of STD prevalence. These people are often more likely to live in low-income areas where such group members are prone to infection (Fullilove, 1998). Although I will not be fully capable of accessing an accurate level of the patient’s income in my research, I can still try and consider it into either disparity such as race or age. In 2002-2004 28.8% of adolescent women had at least one STD. Within low-income African American adolescent females in high-risk urban areas. They performed a self-interview regarding their sexual habits and performed a self-vaginal swab to test for STDs. There was a correlation between the higher levels of fear of condom use negotiation in women who tested positive for an STD than adolescents who had higher levels of social support from their peers (Salazar et.al., 2007). As I have found, lack of education and support leads women into fearing their self-education regarding STDs. If a woman grew up with little help or support from her peers considering her environment, they grow up ignorant of what is around them. It is essential to design interventions for high-risk African American adolescent females that incorporate objectives that modify their significant social influences related to STD acquisition (Salazar et.al., 2007).

**Conclusion**

Sexually Transmitted Diseases occur from sexual partner to sexual partner. That is the simple definition, but so much goes into the transmission of an STD before, during, and after the patient has been diagnosed with that STD. Herpes Simplex Virus type one and two, Human Papillomavirus, Gonorrhoeae, Chlamydia, Syphilis, and Trichomonas Vaginalis / Trichomoniasis ("trich"), are just a few of the STDs I will be providing my audience with educational resources over.

The social determinants of health women grow up in and currently live in can impact their risk of contracting an STD. Often this situation can occur from the lack of education, which contributes to the lack of support and constant growth of fear regarding safe sex practices and the consequences of their ignorance. Another determinant includes race. It might sound broad, but there is a lot more that goes into race than the color of the patient's skin. It can consist of where this patient is growing up and the people surrounding them. Studying the correlation between who and how many sexual partners a woman has and where their sexual partners reside can play a role in a women's risk for STD. Age is also a common factor in STD contraction. Nearly half of the STDs are found in women 15-24 (stis, n.d). If these women had been educated growing up, would this number be lower? My goal is to create an information website regarding the seven STDs listed. I hope to promote my website at the clinic I am researching. The website will include easy to understand underwhelming information on what there is to know about the different types of STDs. Examples of this information will include the definition, the symptoms, prevention, diagnosis, treatment, long-term effects, and life after the STD. My goal is to decrease the millions of STD cases that are occurring yearly in the USA by creating a health information intervention for my audience (Sexually transmitted diseases, 2022).

Citations

Centers for Disease Control and Prevention. (2020, April 15). *CDC community approaches to*

*reducing sexually transmitted diseases*. Centers for Disease Control and Prevention. Retrieved February 3, 2022, from https://www.cdc.gov/std/health-disparities/cars.htm

Centers for Disease Control and Prevention. (2022, January 31). *Sexually transmitted diseases -*

*information from CDC*. Centers for Disease Control and Prevention. Retrieved February 3, 2022, from https://www.cdc.gov/std/default.htm

Fullilove, Robert E. EdD Race and Sexually Transmitted Diseases, Sexually Transmitted

Diseases: March 1998 - Volume 25 - Issue 3 - p 130-131

Hogben, M., & Leichliter, J. S. (2008). Social Determinants and Sexually Transmitted

Disease Disparities. *Sexually Transmitted Diseases*, *35*(12), S13–S18. http://www.jstor.org/stable/44969627

Rhodes, S. D., Daniel-Ulloa, J., Wright, S. S., Mann-Jackson, L., Johnson, D. B., Hayes, N. A.,

& Valentine, J. A. (2021). Critical Elements of Community Engagement to Address Disparities and Related Social Determinants of Health: The Centers of Disease Control and Prevention Community Approaches to Reducing Sexually Transmitted Disease Initiative. *Sexually transmitted diseases*, *48*(1), 49–55. https://doi.org/10.1097/OLQ.0000000000001267

Salazar, L. F., Crosby, R. A., Diclemente, R. J., Wingood, G. M., Rose, E.,

Sales, J. M., & Caliendo, A. M. (2007). Personal, Relational, and Peer-Level Risk Factors for Laboratory Confirmed STD Prevalence Among Low-Income African American Adolescent Females. *Sexually Transmitted Diseases*, *34*(10), 761–766. http://www.jstor.org/stable/44966628

*What do you know about sexually transmitted infections (stis)?* Sexually Transmitted Infection

Quiz - Health Encyclopedia - University of Rochester Medical Center. (n.d.). Retrieved February 3, 2022, from https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=40&contentid=stdquiz#:~:text=Nearly%20half%20of%20all%20STIs,the%20risk%20increases%20for%20STIs.