



Trends in Sexual Behavior and Reproductive Health

Committee on Prevention and Control of Sexually Transmitted
Infections in the United States: Meeting 2

The National Academies of Sciences engineering and Medicine

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Sex and Cookies

- A one session sexual health outreach program that aims to foster open, supportive, and accurate dialogue about sexual and reproductive health in order to improve the well-being of UCLA First and Second year undergraduates.
- The session is facilitated by public health graduate students, and medical students as leaders and role models



Knowledge Needed for Students

- Anatomy
- Birth Control Devices
 - How they work
 - Different Options
- STI Signs and Symptoms
- Access to STI Testing and Treatment
- What does it mean to consent to sex?
- Pregnancy and Abortion
- Techniques of Sexual Etiquette and Tips for Pleasure
- More LGBTQ inclusive Language and Sexual Behavior

Findings from Eban II

- Eban II is an evidence-based HIV risk reduction intervention designed for HIV-serodiscordant African American couples. Many current HIV care and HIV prevention models focus on individual behavior and not on the behavior of the patient and their partner. This study sought to better understand the cost of implementing an intervention that serves individuals and their partners, in contrast to other approaches that focus on individuals regardless of their relationship status.

There are 5 Factors that Contribute to Women Resisting Current Prevention Efforts

■ Barriers to HIV Prevention


1. Poverty
2. Parental responsibilities and limited income
3. Reproductive health concerns
4. Mental health is not addressed, treatment is not monitored
5. Histories of trauma and adversity are not addressed

STI TESTING

- Factors that may pose barriers to testing
 - Some of these barriers were identified during the Eban II study:
 - Cost of services range from \$0 to full fee
 - Length of wait times
 - Limited Clinic Hours
 - 3 hour windows for walk in testing
 - Monday-Friday testing
 - Limited evening hours

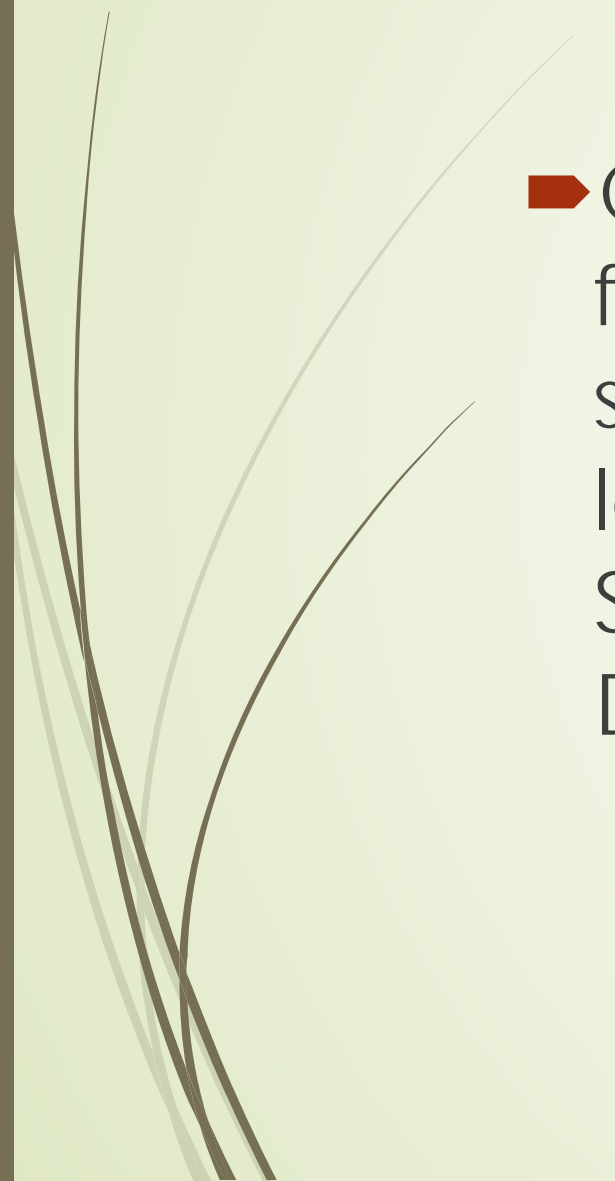




STI Testing Cont...

- Some clinics only test a certain amount of people in a day.
 - First come, first serve
 - In California, the last decade has seen budget cuts in STI prevention campaigns and in the clinics where STI testing and treatment are provided.
 - Consequently, these limitations disproportionately affect impoverished and marginalized populations (Kritz, 2017)
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STI Testing Continued

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- Compared to Whites, African-Americans face additional barriers to accessing services. Services acquired tend to be of lower quality (Anderson & Smith, 2005; Spalter-Roth, Lowenthal, & Rubio, 2005; DHHS, 2006).



Screening frequency for
STIs are different for men
and women

Screening Recommendations for Women

- Women:
 - Testing is recommended annually or at least once
 - For women over the age of 25, there are no routine screening recommendations for gonorrhea and chlamydia and to screen according to risk
 - For HIV Screening, all women up to age 64 should be screened at least once and repeated according to risk

Screening Recommendations for Heterosexual Men

■ Men

- For HIV Screening, all men 13-64 should be screened at least once, and then annually if at high risk
- There are no routine screening recommendations. Screen according to risk.



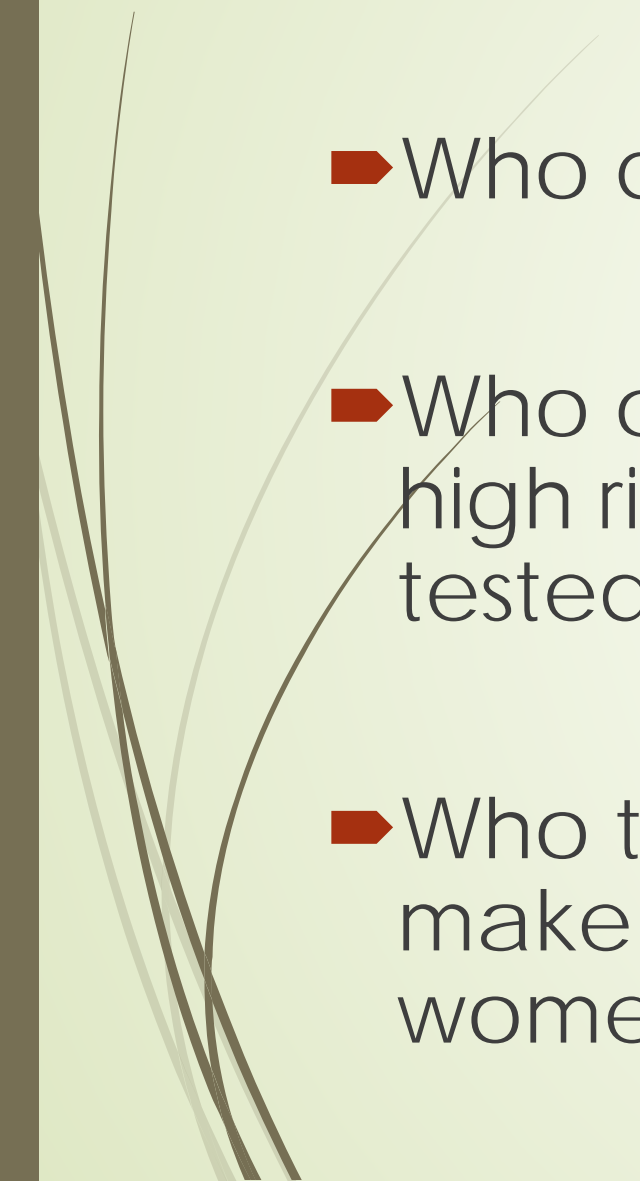
Screening Recommendations for Men who have Sex with Men (MSM)


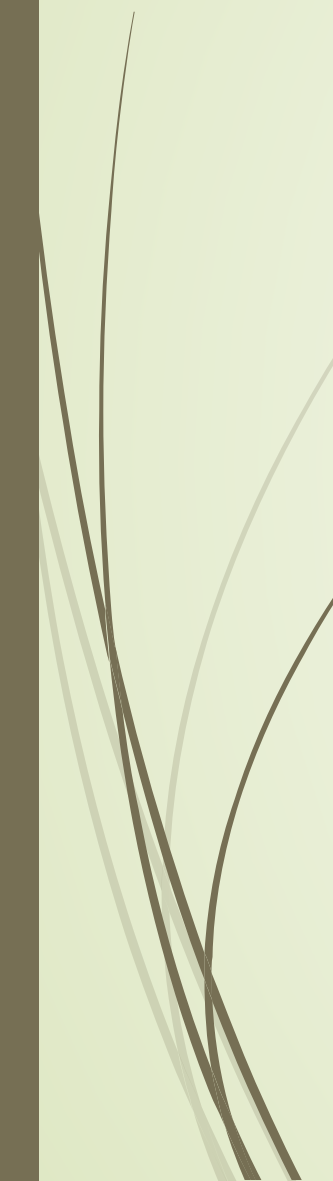
➤ MSM

- For HIV Screening, repeat screening every 3-12 months.
- Screening guidelines have change over 3 years:
 - 2015 screening recommendations say that they should be tested for gonorrhea and chlamydia every 3-6 months if at an increased risk.
 - Currently, Gonorrhea and chlamydia screenings are offered at least annually or more frequent if high risk behavior



Questions that Arise from Recommendations

- Who qualifies for STD testing in LA County?
 - Who communicates to the clinic that you are high risk and need to get tested and then re-tested?
 - Who trains physicians about STDs and how to make the determination of high risk, especially women?
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- Screening recommendations need more clarity
 - Before getting tested, questions should include how they think they became infected or what brought you in to be tested
 - Risk Factors for STI testing are:
 - Have you had an STI in the past?
 - Have you had sex with men, women, or both?
 - In the past six months, how many people have you had sex with?
 - Do you have vaginal, anal or oral sex?
 - Have you ever used needles to inject/shoot drugs?
 - What do you do to prevent STIs and HIV?
 - It is not enough to just get tested. Those who test positive need to receive treatment and followed up as well as having their partners get tested and treatment if needed.



Female Condoms and Dental Dams

- Only methods that covers a larger area of skin to prevent skin-to-skin contact
- Difficult to locate
- The price is an average of \$5.00 per individual female condom
- The price is an average of \$1.50 per individual dental dam