

# Philly has highest STI rates in the country: Improving sex ed in schools and access to at-home testing could lower rates

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[Philadelphia ranks No. 1 among U.S. cities](#) for new sexually transmitted infections—STIs—according to the latest data from the Centers for Disease Control and Prevention.

This is up from [fifth place in 2023](#) and puts Philadelphia ahead of four cities that had previously rated higher: Memphis, Tennessee; Jackson, Mississippi; New Orleans and St. Louis.

Among 15- to 24-year-olds in Philadelphia, [syphilis cases have shot up 30%](#) since 2019, while cases of gonorrhea increased 18%. Chlamydia cases are down 13% from pre-pandemic numbers among this age group, but remain high.

As a public health professor, I research [sexual health issues and disparities](#) among Black men who have sex with men and other marginalized groups. I work directly with these communities to research and create health interventions that meet their needs.

I know that [two important barriers](#) to young people's sexual health are high-quality sex education and access to confidential STI testing.

## **Sex ed in schools**

In the U.S., [28 states and Washington D.C.](#) mandate sex education in both elementary and high schools. These programs are typically comprehensive and include education on STIs.

Pennsylvania, however, is not one of those states.

[Pennsylvania state law does require](#) schools to provide instruction on the prevention of [HIV and AIDS](#) and other "life-threatening and

communicable diseases"—though it does not specify STIs.

Each school district in the state [can decide which education materials are used](#) to meet the requirements. This information [isn't required to be medically accurate](#) or supported by [evidence-based research](#).

Schools are also not required to discuss consent, sexual orientation and gender identity, or healthy sexual relationships.

## **Abstinence-based vs. comprehensive**

The absence of more specific policies and standards led to controversial sex education instruction in the Wallingford-Swarthmore School District, in suburban Philadelphia, in 2018. A [17-year-old student filed a complaint](#) to the school district that the RealEd "relationship education" program they received advised avoiding kissing or cuddling, which could deprive them of hormones and make "bonding with a future spouse difficult."

Other students reported that the curriculum taught them that having too many sexual partners makes them ["less sticky,"](#) like a reused piece of tape, and prevents them from having healthy relationships.

[Research suggests](#) that sex education programs that stress abstinence do not decrease rates of STIs and HIV. In some instances, they could [lead to an increase in STIs](#).

In contrast, studies have shown that comprehensive sex education programs in schools have resulted in [lower rates of sexual activity](#), [increased use of contraception](#), and [fewer teen pregnancies](#). These comprehensive programs are medically accurate and age appropriate, and provide broad knowledge for youth on [sexual health](#) beyond the topics of HIV, STIs and abstinence.

It's not clear whether comprehensive sex education programs directly lead to lower STI rates. However, research does show that [increased safe-sex practices](#) is a consistent result from comprehensive sex education.

While the School District of Philadelphia does not report having any specific mandates around sex education, it confirmed via email that all [218 district schools](#)—this does not include their alternative and charter schools—use selected lessons from the [3Rs: Rights, Respect, Responsibility](#) sex ed curriculum as part of their health education for grades K-12.

In addition, their Office of Health, Safety and Physical Education works closely with a grant-based program called [Promoting Adolescent Student Health, or PASH](#). The program "focuses on reducing youth risk behaviors that lead to unintended pregnancy, STI and HIV" at 17 priority schools in the city.

## **Confidential testing and other strategies**

In the absence of tailored, comprehensive sex education programming for all school-age youth in Philadelphia, here are some evidence-based strategies that can be implemented to reduce the rates of new STI infections.

**More relevant curricula:** Current sex ed programs could include a [broader range of sexual health topics](#), such as healthy communication and sexual pleasure. Curricula could also be adapted and implemented [for younger age groups](#), and [health professionals](#) could collaborate directly with students to determine [what they want included](#) in a sex education program. Providing the information online can help make it more accessible and easier to keep updated.

**LGBTQ+-inclusive curricula:** LGBTQ+ youth are often more

vulnerable to STIs due to [stigma and lack of access to culturally affirming health care](#). They are also more likely [to experience harmful outcomes](#) from abstinence-based programs and to disengage from comprehensive sex education programs [that are not tailored to their needs](#). Research shows much [better outcomes](#) from comprehensive sex education programs that are inclusive of the needs of LGBTQ+ youth and delivered prior to youth engaging in sexual activity.

**At-home testing:** Testing can slow the spread of STIs, and at-home testing in particular can address many young people's concerns of confidentiality and access. Research has shown that young people [want at-home STI and HIV screening](#) kits, which are affordable and convenient.

**Affirming health care:** I believe it's also important that health care providers receive education and training on how to provide [culturally affirming sexual health care](#) to young people. This includes providers being able to initiate what they may deem as uncomfortable conversations with patients of different racial or ethnic backgrounds, [sexual orientations and gender identities](#).

**Comprehensive treatment:** Researchers who conducted a study of [over 5,000 Philadelphia teens age 16-17](#) recommend that health care professionals implement what's called an "[STI Care Continuum](#)" to improve STI screening and treatment for young people. This means youth who have STI symptoms are not only tested and treated, but also provided contact-tracing resources and prevention counseling, and are retested.

When it comes to testing, [national guidelines recommend health care providers](#) screen all women ages 25 or younger for chlamydia and gonorrhea annually. A minimum of annual testing of chlamydia, gonorrhea and syphilis is recommended for young men who have sex

with men.

If [schools](#), [communities](#), health care professionals and other groups pursued these strategies concurrently and in collaboration, I believe STI rates among Philadelphia youth would decline significantly.

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