

Sexual Health Promotion

Sexuality is part of a normal, healthy life.

Human sexuality is lifelong and consists of more than just the absence of disease and unintended pregnancy. It is a normal part of development and a lifelong process that is biological, social, mental, and emotional.¹ Healthy sexual self-expression has many physical and mental health benefits.² Sexuality education, access to health care, positive social and cultural norms, and socioeconomic equity all are key for individuals to achieve an informed, positive, and safe sexual self and make good choices about healthy relationships, responsible sexual activity, and reproductive health throughout the lifespan.³

Sexual health should be approached through a public health lens.

Promoting sexual health throughout the lifespan requires a public health approach that includes social determinants of health and that builds communities in which individuals can thrive. Evaluation and best-practice evidence have demonstrated that sexual health promotion efforts are valuable and effective. A public health approach to sexual health is integrated and multidisciplinary with partners from community, local, state, and national levels working together for a holistic and inclusive approach.⁴

Minnesota's sexual health is good, but it could be better.

While Minnesota's sexual health is better than many other states', Minnesota faces many sexual health inequities. Communities of color,

communities of low socioeconomic status, and rural communities struggle with higher unintended and teen pregnancy rates and STD rates along with other health concerns that hinder healthy sexuality.^{5,6} Sexuality education promotes health equity and empowers these communities.

Pregnancy

The United States has the highest rates of adolescent pregnancy among industrialized nations.³ In 2016, the national teen pregnancy rate was 20.3 per 1,000 and the Minnesota rate was 12.6 per 1,000.⁵ In 2011, 45 percent of all pregnancies in Minnesota were unintended.⁷ However, teen pregnancy rates have been steadily decreasing since the 1990s, due to a combination of increased contraceptive use and decreased sexual activity.⁸

Sexually Transmitted Diseases

In Minnesota over the last decade, chlamydia has increased 61 percent, gonorrhea has increased 145 percent, and syphilis has increased 246 percent. Adolescents and young adults (ages 15-24) accounted for 61 percent of chlamydia and 43 percent of gonorrhea cases reported in Minnesota in 2018.⁶ This equates to one in four sexually active teenagers contracting a sexually transmitted disease each year. Adolescents are disproportionately impacted by chlamydia. Men who have sex with men and American Indian populations are disproportionately impacted by syphilis. There has been an alarming increase in the rate of syphilis among several populations in Minnesota. This has led to an increase in congenital syphilis, the case of a baby born to a mother infected with syphilis, as well. Because of

this, there has been a push for stronger screening recommendations and routine sexual health check-ups.

Overall, STD rates are higher within communities of color.¹ STD rates are effectively decreased through education, prevention efforts, and access to testing and treatment. Chlamydia rates among youth have increased 51 percent in the last decade in Minnesota.¹ Young people ages 13-29 account for about one-third of the estimated 50,000 new HIV infections each year nationally, the largest share of any age group.³

Sexual Assault and Violence

Sexual violence affects people of all ages, races, and genders, with ages 15-19 and American Indian women facing the highest victimization rates in Minnesota.⁹ Nationally, about 1 in 3 women and 1 in 6 men have experienced some form of contact sexual violence during their lifetime.¹⁰ Of sexual assaults reported nationally in 2017, 80 percent were perpetrated by a non-stranger.¹¹

Sexual health promotion benefits individuals, communities, and taxpayers.

Beyond preventing STDs and unintended pregnancies, sexual health promotion can help improve academic and professional success; improve mental health; prevent sexual abuse and violence, intimate partner violence, and bullying; help people develop healthier relationships; delay sexual initiation; advance gender equity; and promote sexual health equity among lesbian, gay, bisexual, transgender, and queer (LGBTQ) people.^{1,12}

It is estimated that teen childbearing in the U.S. costs taxpayers (federal, state, and local) at least \$9.4 billion annually. In 2010, public spending for unintended pregnancies in Minnesota totaled an estimated \$333 million, and teen childbearing

cost \$146 million.¹³ In 2005, sexual violence cost Minnesota \$8 billion.⁹ Education, prevention, and access to reproductive health care are more efficient uses of these funds.

Sexual health should be promoted throughout the life course, starting in childhood.

In order to have good overall health and sexual health lifelong, a healthy foundation needs to be established early and maintained throughout life. The principal health determinant is different at different stages of life. During childhood, family interactions and environment have the greatest impact on health. During adolescence, peer influence and social environment are primary health determinants. During adulthood, social, economic, and environmental impacts on health habits greatly affect health.¹⁹ Childhood is the most important time developmentally and when negative health determinants have the greatest long-term impact. Adverse Childhood Experiences (ACEs) are used to measure these negative childhood health determinants and are surprisingly common in Minnesota.

- ACEs include: sexual abuse, physical abuse, emotional abuse, mental illness of a household member, problematic drinking or alcoholism of a household member, illegal street or prescription drug use by a family member, divorce or separation of a parent, domestic violence toward a parent, and incarceration of a household member.
- 55 percent of Minnesotans have experienced one or more ACEs and 15 percent of Minnesotans have experienced five or more ACEs.¹⁴
- ACEs have been linked to many poor health outcomes such as poor physical and mental health, chronic disease, lower educational

achievement, lower economic status, and impaired social success in adulthood. These effects are cumulative; the more ACEs one has experienced, the greater the negative health outcomes.¹⁵

Through good public health programming, including sexual health promotion, ACEs can be reduced and children will be better prepared to have healthy futures and contribute in positive ways to their communities.

There are many elements of successful health promotion.

A sexual health promotion framework includes, at a minimum, the following elements.

Education

Everyone has a right to accurate, age-appropriate information about sexuality and their sexual health. Sexuality education not only increases knowledge, it also teaches important skills. Comprehensive sexuality education for grades K-12 includes: anatomy and physiology, puberty and adolescent development, identity, pregnancy and reproduction, contraception, disease prevention, healthy relationships, and personal safety and protection.¹⁶ Two-thirds of comprehensive sexuality education programs have positive behavioral effects, with an average of a 12 percent reduction in sexual activity, a 25 percent reduction in unprotected sexual activity, 31 percent decrease in prevalence of STDs, 13 percent increase in use of protection, as well as an 11 percent decrease in pregnancies for adolescents in these programs.¹⁷

Community sexuality education is also important for adults who have never received sexuality education or who need additional information at different stages of life. In order to provide quality sexuality education, professional trainings on

sexuality education and care are needed for teachers, clinicians, and other professionals.¹⁸

Society and Culture

The sexual health of a population is closely connected to social norms and values. By promoting healthy models of relationships and gender roles, issues such as abuse and sexual violence can be prevented.^{18,19} Sexual health promotion includes social norms that support the right to sexual self-expression, regardless of sexual orientation, gender expression, marital status, socioeconomic status, or age. Education, non-judgmental health care, and cultural shifts towards inclusivity are key sexual health promotion practices that encourage safe environments and advance the health of all Minnesotans.

Healthcare

Accessible, affordable, high quality sexual health care and general health care is vital for community sexual health. This care should include counseling on sexual and reproductive health, regular testing and screenings, treatment, access to contraceptives, infertility treatment, prenatal care, emergency care, and more. Clinical settings should be used as an opportunity to provide patients with sexuality education within the broader context of overall health, as recommended by the American College of Gynecologists and Obstetricians and the American Academy of Pediatrics.^{3,20} Care should be free of discrimination, confidential when needed, and provided regardless of age or marital status. Increased health care access is especially needed in rural Minnesota and for immigrant and uninsured populations.

In addition to physical health care, mental health care also supports sexual health, as mental health impacts all other areas of life and overall health. Mental health care is a prevention strategy for sexual violence and abuse, some

SEXUAL HEALTH PROMOTION

sexual dysfunctions, and destructive or irresponsible sexual behavior. It is also a necessary healing process for those who have experienced sexual violence, unintended pregnancies, STDs, and other obstacles to sexual health.¹⁹

Economics

Minnesotans living in communities with lower average income and education suffer from worse sexual health outcomes. Programs that support socioeconomic equity also support all areas of health. Through sexual health promotion, socioeconomic outcomes can also be improved. By receiving sexuality education and health care and making safe and healthy sexual decisions, both girls and boys are able to receive more education and achieve higher graduation rates, which leads to better employment opportunities when they become adults. Preventing teen pregnancy and enabling families to plan their children also leads to better birth outcomes and lifelong health outcomes for children and parents.²⁹

Conclusion

Sexual health is complex and closely connected to many other aspects of health, not just during the reproductive years, but throughout the lifespan. Holistic and prevention-focused sexual health promotion at the community level promotes health equity, saves the state money through more efficient uses of funds, and promotes the general health, happiness, and success of Minnesotans.

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
www.health.state.mn.us

09/18/2019

To obtain this information in a different format, call: 651-201-5414.

1. D. Sorace. "Addressing Sexual Health in Schools: Policy Considerations". *Advocates for Youth*, 2013.
2. B. Whipple, et al. "The Benefits of Sexual Self Expression". *Planned Parenthood Federation of America*, 2007.
3. C. C. Breuner & G. Mattson. "Sexuality Education for Children and Adolescents". *American Academy of Pediatrics*, 2016. 138(2).
4. CDCP. "A Public Health Approach for Advancing Sexual Health in the United States". *Meeting Report for an External Consultation*. CDCP. 2010.
5. J. Farris & E. Delehanty. "2019 Adolescent Sexual Health Report". *University of Minnesota Healthy Youth Development Prevention Research Center*. 2016.
6. Minnesota Department of Health. STD Surveillance Statistics, Minnesota. 2018.
7. Guttmacher Institute. "Unintended Pregnancies in the United States". 2019.
8. CDCP. Teen Pregnancy in the United States. CDCP. 2016.
9. M. LaPlant, et al. "Sexual violence data brief". *Minnesota Department of Health*. 2016.
10. National Center for Injury Prevention and Control. "Preventing Sexual Violence". CDCP. 2019.
11. Office of Justice Programs, Bureau of Justice Statistics. "National Crime Victimization Survey, 2010-2016". *Department of Justice*. 2019.
12. Future of Sex Education. "Building a Foundation for Sexual Health is a K-12 Endeavor: Evidence Underpinning the National Sexuality Education Standards". *Sexuality Information and Education Council of the United States*. 2016.
13. Power to Decide. "Counting it Up: Key Data". 2013.
14. Minnesota Department of Health. "Prevalence of ACEs".
15. Minnesota Department of Health. "Adverse Childhood Experiences in Minnesota: Executive Summary". 2013.
16. Future of Sex and Education Initiative. "National Sexuality Education Standards: Core Content and Skills, K-12. *Journal of School Health*. 2012.
17. H. Chin et al. "The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections: Two Systematic Reviews for the Guide to Community Preventative Services. *American Journal of Preventative Medicine*, 42(3), 272-294. 2012.
18. WHO. Developing Sexual Health Programmes. *Department of Reproductive Health and Research*. 2010.
19. K. Basile et al. . STOP SV: A Technical Package to Prevent Sexual Violence. *National Center for Injury and Prevention and Control, CDCP*. 2016.
20. *American College of Gynecologists and Obstetricians*. Guidelines for Women's Healthcare. 2016.