**HEALTH SCIENCES**

**Increased Access to Quality Services to Prevent STDs and their  
Complications for Adolescence in Florida**

Sexually transmitted diseases (STDs) are also commonly referred to as sexually transmitted infections of STIs. Today, we are at an age where sex has become a major topic in our daily lives; it is part of growing up which be handled appropriately to ensure people make healthy sexual decisions in their lives particularly adolescents. The incidences of these infections among adolescents have increased globally making it an important issue in healthcare systems to increase access to quality services as an intervention towards preventing their spreading and associated complications (Brian et al., 2012). STDs are a serious public health concern not only in the industrialized world but also across the developing nations. Some STDs include trichomoniasis, chlamydia, gonorrhea, and syphilis among others, these infections deserve increased attention from care facilities because of their high prevalence and their ability to go undetected and not treated leading to complicated reproductive morbidity and mortality among most adolescents (Brian et al., 2012). In Florida, there is a high rate of STDs cases among adolescents necessitating appropriative intervention measures to handle the health issue effectively. The world health organization defines adolescents as persons of 10 to19 years who comprise about 20% of the total world population. This paper seeks to discuss how STDs and their related complications among Florida adolescents may be prevented through increased access to quality services.

The health of adolescents in Florida is a major public health concern because the increased chances of negative sexual health results compared to other states in the United States. Florida has been rated third in the highest number of adolescents compared to other states, and the population of youths continues to increase. Most of the youths are therefore vulnerable to being infected with STDs due to increased cases of LGBT (lesbian, gay, bisexual and transgender) making it important to provide quality health services towards realizing effective preventive measures. Adolescents are at a great risk of STDs infection because of engaging in unsafe sex practices or unprotected intercourse and having multiple sex partners (Garside et al., 2011). In fact, adolescents are sexually active and are engaging in sex early in life, and this makes them more vulnerable to STIs. Youths of adolescents, therefore, need quality services in health care facilities and counseling about the importance of safe sexual practices.

Health care systems must firstly target adolescent's behaviors that are most amenable to change. For instance, sexually active adolescents should be encouraged to practice safe sex using condoms, which has demonstrated success in some subgroups of the most vulnerable population. Abstinence should also be encouraged a preventive measure to adolescents who practice early sex oblivious of the dangers inherent in sexual intercourse. Quality services must focus on behavioral changes that are not only feasible but also reasonable for this age group. Such interventions are significant in laying the foundation towards more sustainable sexual risk reduction in the long-term consequently decreasing SDIs and HIV among adolescents.

In Florida, adolescents comprise various subgroups that include African Americans and Hispanic Americans among others. Various social factors put the racial and sexual minority adolescents at risk; for instance, poverty, structural exclusion, and barriers to access to quality services and contraceptives make African American teens more vulnerable. Therefore, interventions specifically tailored to a certain subgroup of adolescents are likely to be more successful in reducing STDs (Garside et al., 2011). Targeted interventions seek to understand the characteristic of a specific group and the predisposing factors making it certain about the cultural and social factors that contribute to engagement in risky sexual behaviors. Additionally, Intersectionality is a sociological approach about how a person can be faced with more than one threat of discrimination when their individual identities experience overlap either in terms of sex, gender, minority class, and ethnicity among others. The issue entails same-sex relationship such as gay and lesbians that have been in existence historically despite suppression of such unions that increase the risk of one acquiring STDs. With the increased activism for the LGBT recognition, adolescents fail to understand the risks associated with sexual practices that includes anal and oral sex, which are some of the extremely unsafe sexual practices.

Adolescents are not a homogenous group, but they are rather heterogeneous necessitating designing of intervention measures that target a particular subgroup. Critically, effective programs and quality services must also be accompanied by the implementation of the social theories of learning to guide program development efforts for adolescents to reduce STDs and HIV. Quality services should entail modeling activities such as lessons on how to use a condom correctly combine with skill building aspects such as role play in communicating with sexual partners. It is important to ensure adolescents are able to communicate about safer sex desires and have the intentions to practice safe sex; this increases their self-efficacy to use condoms and avoid multiple sexual partners.

The long-term complications of sexually transmitted diseases are normally more serious in females when compared to males. Majority of men only experience mild symptoms, or at times they may be asymptomatic, such cases may go unnoticed and untreated leading to serious health issues such as infertility and sterility. Quality services must therefore not only address just sexual risk interventions but also seek to broader-based content when handling sexually active adolescents.  Some important aspects that must be incorporated include problem-solving, capacity building, and social skills building. These elements can successfully ensure youths reduce risky sexual behaviors through improved sexual decision making and health choices as core competencies to strengthen their overall sexual decision-making skills (John, 2008). Most adolescent's failure to understand that some STDs can be transmitted through skin to skin contact with a person who is infected. Anal and oral sex are also some of the ways viruses and bacteria that cause STDs are transmitted. Most adolescents aged 15 to 19 years have reported having practiced oral sex with a member of the opposite sex and engaging in sexual practices such as threesome among others that greatly compound the issue of STIs.

In conclusion, STDs and HIV among adolescents is a public health issue globally. In Florida, the rate of sexually transmitted diseases is alarming due to risky sexual practices and lack of quality preventive measures. Adolescents are becoming increasingly involved in sexual behaviors that put them at an increased risk for such infections. Practices such as unsafe sex, multiple sexual partners, and LGBT experiences present serious health threats to this group of people in our societies. However, healthcare systems must demonstrate the willingness and ability to provide quality services to vulnerable youths who get infected to ensure early diagnosis of the diseases and treatment. This should include both preventive programs and interventions that can sustainably impact positively on the sexual decisions adolescents make increasing the risk of infections.

**References**

Brian, D. et al. (2012) “Sexuality Education in Florida: Content, Context, and Controversy,” *American Journal of Sexuality Education* 3, 2 (2008): 68

Garside, R., Ayres, R., Owen, M., Pearson, V.A. and Roizoin, J. (2011) Young People’s Awareness of STIs. *International Journal of STD and AIDS*, 12, 582-588. <http://dx.doi.org/10.1258/0956462011923750>

John S. S. (2008). “Medical Accuracy in Sexuality Education: Ideology and the Scientific Process,” *American Journal of Public Health*. 98: 1786 - 1792