

Sexual Health Disparities Among Disenfranchised Youth:

Although sexual development is a life-long process, youth/young adulthood is typically the time of sexual debut and the beginning of sexual exploration. Promoting good sexual health should therefore be a priority during this developmental period.

To that end, in 2009 Oregon published the Oregon Youth Sexual Health Plan (OYSHP), which suggests taking a holistic approach to ensure the sexual health of youth through the reduction of teen pregnancy, sexually transmitted infection (STI), and non-consensual sexual behavior rates. Additionally, Oregon saw the need to offer its youth effective sexuality education and, also in 2009, passed legislation mandating that students in middle and high school be informed about contraception, the prevention of STIs, and healthy relationships.

While all young people need sexual health information and services, there are some youth who would perhaps benefit from greater access to these. Sexual health disparities exist among certain subpopulations of youth; in fact, one of the primary goals outlined in the OYSHP is to eliminate such disparities. Youth populations known to have sexual health disparities include:

- Youth in Corrections
- Youth with Developmental Disabilities
- Youth in Foster Care
- Homeless Youth

- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth
- Youth with Mental Health Conditions
- Youth who have Experienced Sexual Abuse

The following series of research briefs addresses the sexual health of the above seven subpopulations. Perhaps not surprisingly, it was found that many of these groups experience the same negative health outcomes. On the next page is a table outlining which negative sexual health outcomes have been documented in which youth subpopulations. As can be seen from the Table, three disparities are present in all seven populations: higher rates of pregnancy involvement, sexual abuse, and STIs. Overall, there is a dearth of research on the sexual health outcomes of marginalized youth; therefore it is important to note that a lack of documentation of a disparity does not mean it does not exist.

While the Table clearly illustrates that there is substantial overlap in the disparities experienced by these subpopulations, this does not mean that the same approach can be used with each subpopulation in an attempt to eliminate them. It is important to simultaneously recognize the unique and overlapping circumstances and risk factors that each of these populations experiences in order to eliminate the sexual health disparities documented.

Introduction

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TABLE 1. Summary of sexual health disparities of disenfranchised youth

Populations ► Sexual Health Attributes ▼		Youth in Corrections	Youth with Developmental Disabilities	Youth in Foster Care	Homeless Youth	LGBTQ Youth	Youth with Mental Health Conditions	Youth who have Experienced Sexual Abuse
Lower incidence than general population	Birth Control Use	■						
	Condom Use	■			■	■	■	■
Higher incidence than general population	Multiple Sexual Partners				■	■		
	Pregnancy Involvement	■	■	■	■	■	■	■
	Sexual Abuse	■	■	■	■	■	■	■
	Sexual Activity	■		■	■	■		
	STI Rates	■	■	■	■	■	■	■
	Substance Use During Sex	■				■		
	Survival Sex				■	■		■
	Dating Violence					■		
Earlier than general population	Age of Sexual Debut	■	■	■	■	■		