**STD/STI and Birth Control Awareness Among Young Adults Males**

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I took on this research topic because of how close to my heart this subject is. After my first semester of college at a smaller community college, I took a class on Human Sexuality. This class goes over the importance of contraception and STD/STI prevention. The class also goes into family structures and different subjects that everyday humans deal with within their interpersonal relationships.

I ended up volunteering at a planned parenthood for a month after the semester. I was a sexual educator. I ended making friends with a colleague that I ended up using as an expert informant in this research assignment.

The following year I traveled to Europe for the first time by myself. I was in France specifically Paris. Most European countries are more liberal on topics such as sexual education. I immediately found a connection to this society. Forward-thinking individuals that saw the light on topics such as this. I was taken in by a French girl and her family for the latter half of my trip. I talked to them about socioeconomic issues that were abundant in France at the time. I ended getting into a deep conversation about sexual education in France. They ended up telling me about how important it was to them. This past summer I traveled to Europe once more without the expectance of meeting past expectations. There was a 24-hour layover in Oslo, Norway. Coming into the trip this wasn’t too thrilling because I have never heard of anything amazing coming from Oslo, Norway. Exploring the city with a curious attitude that I have I ended up meeting a local. She showed me around the city of Norway and explained the dynamics of this rich European country. She went on about how healthcare universal is in this country. Having this means that getting checked for STDS/STIs are get relativity easy. This can contribute to smaller cases of STDs/STIs cases. They are open to educating the population about sex education.

Over the course of my young adult life I have meet people across the United States. In the armed forces I have noticed that there is a lack of care for protection during sexual intercourse. Personally, knowing friends and acquaintances that have caught curable STDs/STIs is disheartening to me. As a male this hurts even more. This reinforces the stigma that males are the “sole” contributors to what is wrong with dating in this day and age. I’ve seen this firsthand of getting intoxicated, pairing off with someone random, and not using protection. I have often seen people in my surrounding area wearing the fact that they don’t use protection as a badge of honor.

The lack of sexual education could be the cause. And lack of education could lead to having a stigma of getting a check for STDs/STIs as well as increased pregnancies.

Contribution

The contribution that this research will have is spreading awareness about the common knowledge that sexually active young male adults should have. After the reader goes through this paper, he/she will look differently at themselves in regard to their own sexual well-being. This is important because it may reduce the unwanted effects of being sexually active. I want to test individuals to see if they have common knowledge about protective methods and methods of protection against STDs/STIs. I will not intrude on anyone’s livelihood. Anyone in the sample group can withdraw freely. Anyone in the sample group that feels unconformable with answering a question will not have to answer and will be replaced with another informant

Hypothesis

Coming into this research I don’t believe that the young male's age (18 – 30) take sexual education, using protective methods for STD/STIs and pregnancy seriously. This could also be a result of a stigma when it comes to talking about sex education in American society.  This would be the null hypothesis

If my null hypothesis is correct this can cause many problems in society. The alternative hypothesis is that males are educated in this field, actively use protection, and are not the causes the growing amount of sexual transmitted diseases or involuntary pregnancies.

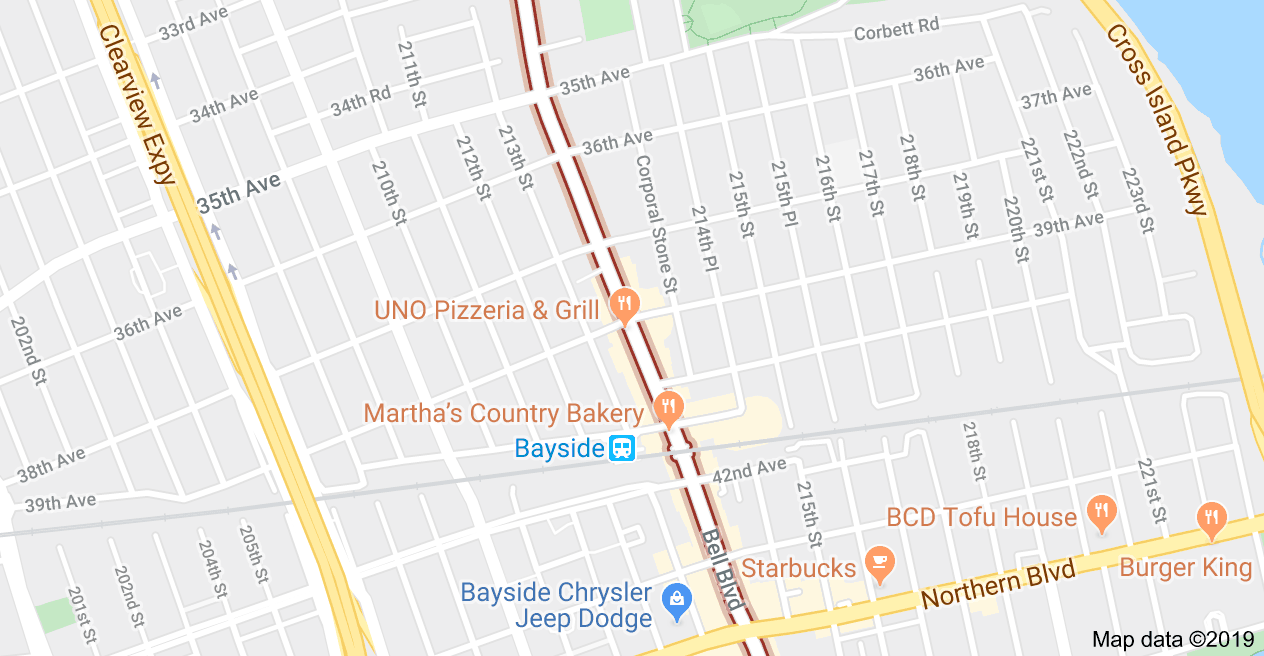
“Geographic distribution of disease is useful information not only because it can help identify the cause of an outbreak and suggest a means of interrupting the spread of disease, but also because understanding how the burden of disease aligns with political and bureaucratic borders assists in policy decisions and judicious allocation of resources. For sexually transmitted diseases, including human immunodeficiency virus (HIV), geographic distribution is especially salient because people tend to have sex with those who live close to the geography”. (Using GIS-Based pg1). Not taking self-reasonability in your actions can lead to determinantal consequences for others. There are people in society do not obey all the laws. Some adult males may indulge in such activities as paying for sex. “Sex workers often have high rates of sexually transmitted infections (STIs), many of them easily curable with antibiotics (Table 1). In commercial sex settings where condom use is inconsistent and access to effective STI treatment limited, half to two-thirds of women working as sex workers typically have a curable STI at any one time” (STI control page 1). Males unsafe attitude towards life can hurt others. This lack of care may come at the start of a young male's life. It starts with the household. Sex education first starts with the parent’s knowledge. Some parents lack in discussing these sensitive topics with their offspring. Then this stigma of not spreading the knowledge can lead to different directions such as being shamed for even getting checked for disease. “Stigma associated with STDs may be an important barrier to STD prevention and care. Stigma occurs when individuals are set apart from others and linked to negative evaluations because they have or are imagined having a particular trait, it may take one of two forms-perceived stigmas or self-stigma. Perceived stigma refers to individuals' fears that they will be subjected to negative societal attitudes and discrimination because they have a particular trait.12 Self-stigma, or shame, refers to individuals' negative attitudes about themselves as a result of internalizing stigmatizing ideas held by society.”( Stigma in teens page 1). If a young adult is finally ready to get a check after months may years of being sexually active, he/she might test positive for a disease. This can lead to the shaming of a young person. (Sti stigma page 2). My goal in this research is not to educate the young adult males from (18-30) in the sample group. My goal is for the reader to have a lasting image of what needs to be done in society. “In the public sector, family planning services have been provided both through stand-alone programs and MCH/FP programs that include antenatal and delivery, child health and family planning services. Since ICPD, most of these programs have renamed themselves "Reproductive (and Child) Health" programs, with differing configurations in each country” (Contribution of Sex page 54). Steps around the world have been made to lower the risk of getting a disease by making education on this topic more available to people that need it.

This also brings up the conservation is it a male-dominated problem? Should the female partner in a heterosexual relationship bring extra precaution into play. For example, having a female-controlled barrier when it comes to sexual intercourse. (Choice of female controlled barrier page 1). The research is to see what the young adult males of bar-goers on Bell Blvd in Bayside Queens know about sexual education, protection, and their care for it. Many past researchers used interviews to collect their data.

Methods

The data will be collected by in-person interviews. They will be put into an excel spreadsheet, analyzed, and visualized in R. I will make graphs showing the correlation between the fields in the data set.

Mapping



Saturday afternoon 6 pm – 7 pm and 11-3 pm Bell Blvd Bayside, Queens

While observing the surroundings on the Bell Blvd between 39-42st I noticed a few occurrences. Everyone is noticeably intoxicated. People are going to and from various bars on the strip. One popular bar is called Bourbon Street. They have a rooftop bar. This is uncommon in the eastern side on Queens next to Long island because there are no tall buildings. I went there to observe in the afternoon when all the workers come to set up for the big night of partying that was about to happen. I watched the older people with their dates and kids going for dinner at the various restaurants on the strip. They weren’t as drunk as the younger crowd to come later in the night.

Bell Blvd is a family-oriented place during the day and afternoon. When I came back to observe later in the night the kids were all gone. Young adults around my age (18-30) were out and partying in on the strip.

I went into each bar, had a few drinks, and listen to each conversation that was going on around myself. Of course, being young, and free people started pairing off. I tried to catch the conversation before each couple or newly found couple went off into the night. I didn’t hear any conversations about being tested for STDs/STIs. This fell right in line with what I thought about young people in America and not being open to discussing these topics.

Data Set

See back for data set graphs

I collected six samples in various nights. The expert informant I interview about a few weeks after.

Analysis

See graphs in the back for visualization of the data.

The data was put into R and visualized with bar graphs to get a better understanding of the data that was collected.

Multivariate Analysis

See the last graph in the back

Logistic regression was run on the sample group to see the predictive classes of yes or no answers to the “Is there a stigma in regard to discussing sexual education”. The stigma variable one level of a zero for a no and one for yes. The stigma was the response variable. The predictors were all other variables in the data set. The classification was based on a yes or no basis because of the learning algorithms constraint for classification. This learning algorithm also lacked a good sample group to run effectively on. The end product of this regression is that there is more “Nos” to the stigma question being predicted compared to yes’s

Results

As you can see the sample group is pretty one side when it comes to the regards of sexual education knowledge. The sample group did know about preventive methods for STDs/STIs and birth control. The Freeport observation may contribute to the spread of the disease in this NYC/LI area because of not using protection. More than half of the sample group said that is there a stigma. This is bad in the sense that there is more to be done by opening the conversation with sexual education. The expert informant gave an insight of why sex education is important because of such people as the Freeport observation. As personal sexual education knowledge goes up and the use of protection goes up.

Rejection of Hypothesis

I would reject my null hypothesis based on the data collected. The informants did have knowledge about various topics in sexual education. This was close not getting rejected. Based on the sample group there is a stigma towards sexual education.

Limitations

The limitations of this research were far and in-between. For starters the sample group conducted on this research was small. Having small data sets is not proportional to the population. Thus, the variance in each sample that is taken from the Bell Blvd. goers over the course of the year will be large.

Another limitation that was a constraint on the time to conduct the research. First, as a student I had to learn the proper way to conduct a research assignment. This took quite some time to discuss and there were many learning curves that had to be overcome. The assignments throughout the semester helped. The direction of this research could have been thought out better if the knowledge at the end of the semester on how to do proper research was already known at the beginning of the semester.

Another constraint of this research was the fact that this was a one-man operation. I was the sole data gatherer, interviewer, data wrangler, data scientist and recorded the documentation of this research. Research is usually done in teams and take even years to complete. There is no time constraint unless there is a funding issue involved in the research. This leads to another constraint.

There was zero funding in this research. This led to reaching a smaller sample size than I would like. If there was funding, I could have done a survey by email and researched a lot more bar-goers at the various bars at Bell Blvd. I could of give money to the bars as an incentive to get their customers to fill out the survey when they get home after visiting the bar.

Another constraint on this topic was the openness of the informants. If there was funding, I could have hired a professional interviewer that his/her specialty is in body language. While interviewing, I felt that the interviewees answered the questions truth, but then it was coming from an amateur observation of their body language. These leads do my last concern about this research assignment. The accuracy of the answers to the questions asked. For example, almost all the interviewees elected not to answer how many sexual partners they had. This means to me that they were already uneasy about the whole interview.

Another limitation a restriction of observations for statistical analysis. The different learning algorithms used. The learning algorithms require more observations to be effective.

Lastly, not being able to see the aftereffects of this research on the minds of the sample group.

Discussion

Coming into this conclusion was not surprising. I personally just wanted to probe into the minds of the young adults around me. I personally believe this is something that should be at the forefront of socio-economic issues in American society. I read in an article that sexual transmitted disease and sexual transmitted infections are at the highest point they have ever been. As a modern society with many technical advancements and advanced education, there is no need for this. This is a result of lack of care.  If there was a bigger sample group for this research this could hold statistical significance and be used a benchmark for future studies in this topic. My end goal for this research was to start the conversation in the reader’s head. From there the reader will show others and discuss this topic. This is how change starts. This will make policies that will change the stigma on talking about sexual education. There are only positives that can come from this conversation. Moving forward I would like to this on a bigger scale. In an ideal world this research would have funding, a team, and a bigger sample group. Overall this research is only a starting point and much work is needed to be done to decrease the about of sexual transmitted disease and sexual transmitted infections among the population. I also didn’t have enough data for hypothesis testing. For example, calculating the p values for certain metric that I would have created to disprove the null hypothesis.

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