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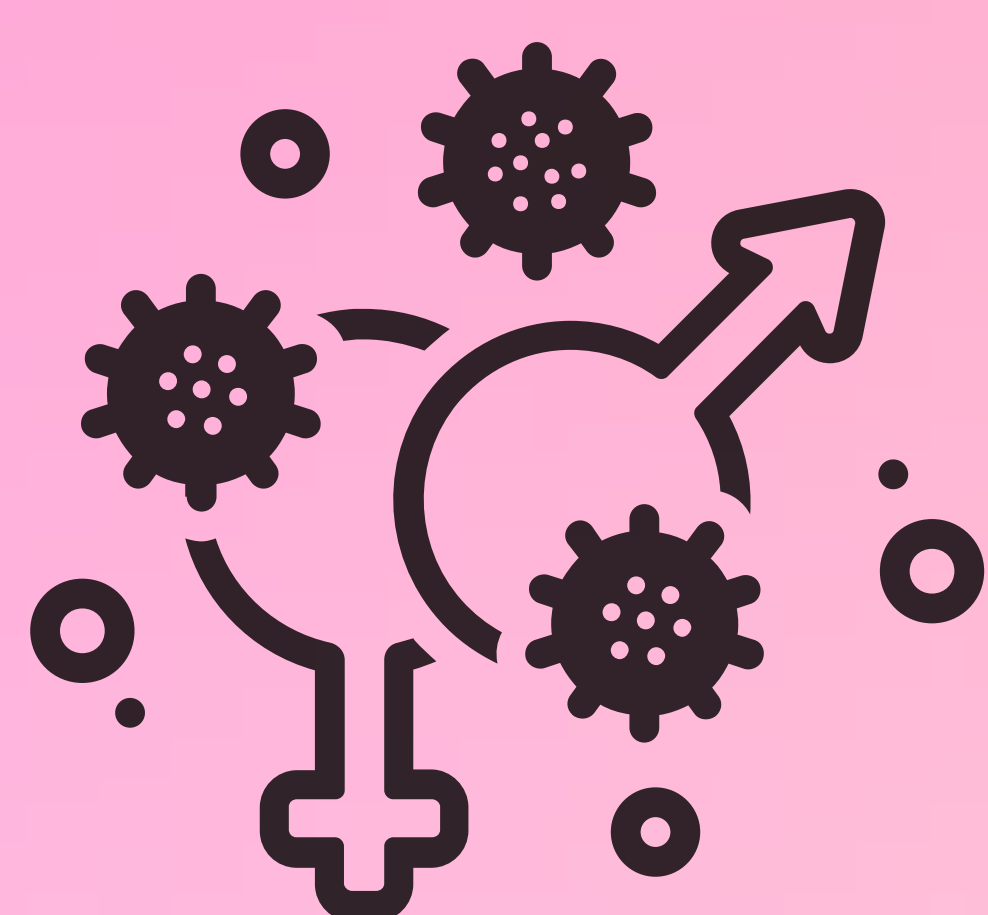
“Please don’t just hang a feather on a program or put a medicine wheel on your logo and think ‘Oh well, this will work’” (Walsh-Buhi, 2019).

Introduction

- Tribal health educators across the United States have found it challenging to locate engaging, culturally relevant sexual health curricula for American Indian (AI) and Alaskan Native (AN) youth (Rushing et. al., 2018).
- Among all racial/ethnic groups, AI females aged 15 to 19 have the highest adolescent birth rate and the greatest percentage of repeat teen births. HIV and other sexually transmitted illnesses (STIs) disproportionately impact young AI people.
- AI youth have greater rates of unwanted pregnancies and sexually transmitted infections (STIs) due in part to a lack of comprehensive and culturally sensitive sexual education.
- Cultural taboos and historical trauma further complicate efforts to implement effective sexual education programs in AI and Native American (NA) communities.
- How does the absence of culturally sensitive and comprehensive sexual education programs impact sexual health outcomes, including rates of unintended pregnancies and sexually transmitted infections (STIs), among AIs?

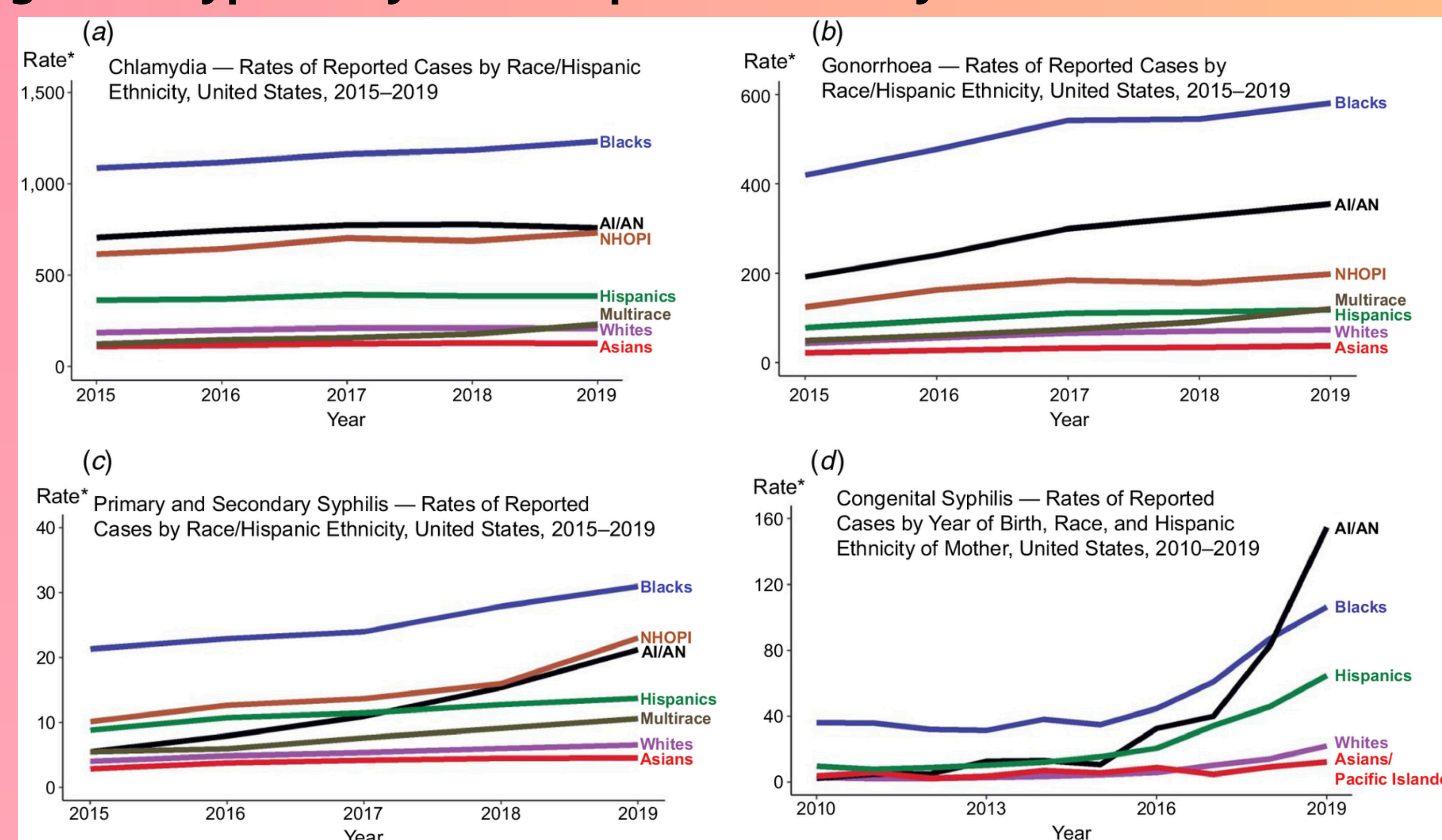
Methods

- Keywords used:** American Indian/Alaskan Native, chlamydia, congenital syphilis, disparity, gonorrhea, sexual health, STI, STD, syphilis, adolescent, sexual health promotion.
- Databases:** Google Scholar, Science Direct, Academic Search Premier, National Institute of Health, and CDC.
- 9 articles were searched and 5 of them were used for this study and published between 2018-2023.
- Studies used to see the difference in STI and pregnancy rates between NA/AI and other racial groups.



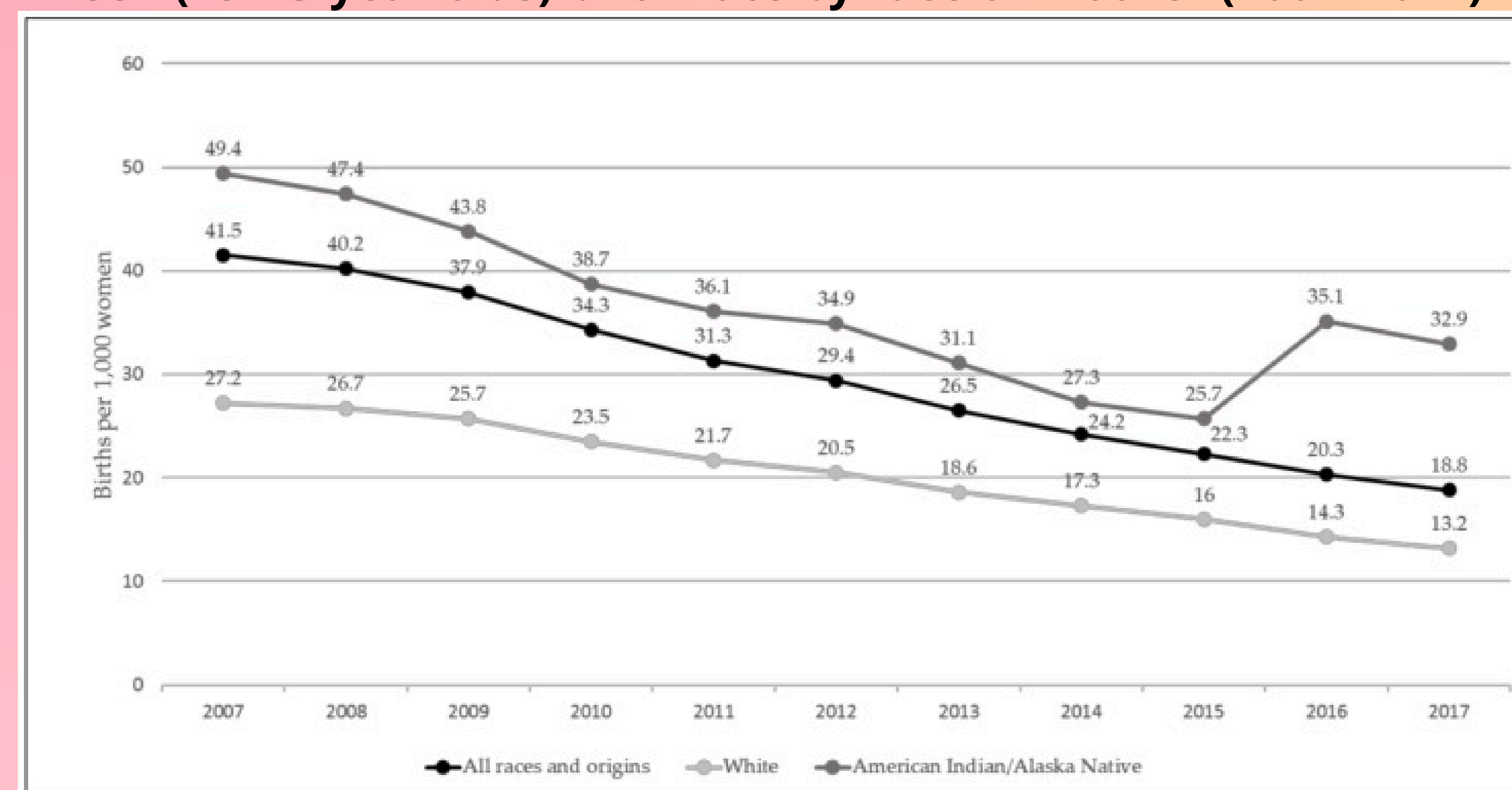
Discussion

Rates of Reported (a) chlamydia, (b) gonorrhoea, (c) syphilis, and (d) congenital syphilis by race/Hispanic ethnicity, United States, 2015–19.



- AI/AN are routinely undercounted in surveillance due to racial misclassification.
- Erroneous beliefs about racial identity within medical and public health spaces, or by AI/AN identity being hidden in datasets using ‘multiracial/ethnicity’ or ‘other’ race categories.

Teen (15–19 year olds) birth rate by race of mother (2007–2017)



- Youth Risk Behavior Survey results reveal that, compared to their peers, a greater proportion of AI youth reported a cluster of related risk behaviors.
- Early sexual debut, sex with multiple lifetime partners, dating violence, forced sex, early alcohol use, and early drug initiation, and lifetime drug use (Kenyon, 2019).

Implications For Future Practices

- Current implications of this practice include “Peer educators” who use storytelling to gain their participant’s attention and link their situation to effective self-management behaviors (Kaholokula, 2019).
- Further implications for this study will require active involvement from this population to combat their education and increase the knowledge on the contraction of sexually transmitted infections and pregnancy.
- Additional implications can be done by designing programs tailored to the sexual education needed in Native American communities.

Conclusion

- Ineffective sexual education contributes to higher rates of unintended pregnancies and sexually transmitted infections (STIs) among Native Americans compared to their counterparts.
- Without culturally tailored education, many NA/AI receive incomplete or inaccurate information, perpetuating health disparities and cultural disconnect.
- The lack of comprehensive sexual education can lead to long-term consequences for individuals and communities, impacting overall health and well-being.
- Being aware of STI and pregnancy rates in other racial groups can assist in finding the missing factor that is needed in Native communities, such as educators and health and wellness programs.

References & Acknowledgements



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