

Enhancing Sexual Health among the Youth in the United States: A Scholarly Exploration

Shuai Wang

Faculty of Social Science & Public Policy, King's College London, London, UK

Email: shuai.2.wang@kcl.ac.uk

How to cite this paper: Wang, S. (2024). Enhancing Sexual Health among the Youth in the United States: A Scholarly Exploration. *Open Journal of Social Sciences*, 12, 432-448.
<https://doi.org/10.4236/jss.2024.122025>

Received: January 28, 2024

Accepted: February 25, 2024

Published: February 28, 2024

Copyright © 2024 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).
<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

In the ever-evolving landscape of sexual health among the youth in the United States, a complex interplay of biological, social, and cultural elements shapes the experiences of adolescents and young people. Ferguson et al. (2022) expose a concerning uptick in sexually transferred infections (STIs) amongst this group, indicating the pressing requirement for a comprehensive assessment of the aspects influencing their sexual wellness. From increasing rates of early pregnancies to the prevalence of dangerous sexual behaviors, the obstacles dealt with by the youth demand a nuanced expedition into the state of sexual health. Against this background, it becomes increasingly apparent that addressing sexual health among youths is not simply a matter of personal wellness however holds profound implications for the wider social material. The consequences of insufficient sexual health education and services extend beyond private health, affecting instructional attainment, psychological wellness, and social relationships. According to Chavula et al. (2022), various consequences include unintended pregnancies, the spread of STIs, and the prospective long-lasting repercussions of dangerous habits present concrete hazards to the developmental trajectory of young individuals and location burdens on societal structures. Beyond the instant individual effects, the significance of this issue lies in the perspective of empowering and notifying the next generation. By supplying youths with detailed knowledge and tools to make informed decisions about their sexual health, we can contribute to the creation of a more informed and accountable youth population. In turn, this empowered generation has the perspective to navigate relationships, make informed choices, and favorably contribute to the social material. The report aims to evaluate the present landscape of sexual health amongst youth in the United States, thinking about both the obstacles and favorable advancements. Secondly, the report aims to determine key determinants affecting sexual health, encompassing societal mindsets, cultural norms, academic systems, and access to health care. Additionally, the report will critically evaluate ex-

isting interventions, analyzing the efficiency of current policies, programs, and instructional efforts focused on promoting sexual health among the youth. Finally, based on these findings, the study intends to propose evidence-based suggestions for improving sexual health education and services, with the overarching objective of promoting a healthier, more educated generation. In pursuing these goals, this study looks to contribute nuanced insights that can inform the decisions of policymakers, healthcare professionals, teachers, and the wider community. The intention is to develop targeted strategies that will not only mitigate the present obstacles but also nurture an environment conducive to the sexual wellness and empowerment of the youth in the United States.

Keywords

Sexual Health, Youth, US

1. Understanding the Scope of Sexual Health

Evans et al. (2020) define sexual health as a state of physical, psychological, mental, and social well-being in relation to sexuality. Sexual health goes beyond the lack of illness, recognizing the significance of positive and considerate relationships, along with the capability to have pleasurable and safe sexual experiences. This meaning highlights the holistic nature of sexual health, framing it not merely as the absence of problems but as a favorable and important aspect of total well-being.

Sexual health, as illuminated by Parpieva and Djalalidinova (2022), has numerous measurements that warrant a detailed examination. Physically, it includes understanding and attending to issues associated with reproductive health, safe sexual practices, and the prevention of sexually transmitted infections. Emotionally, sexual health is intricately tied to feelings of self-regard, body image, and emotional wellness within intimate relationships. Mentally, it involves developing a healthy sexual identity devoid of preconceptions and embarrassment. Socially, sexual health encompasses the wider societal context, including cultural standards, social attitudes, and the impact of social structures on individuals' sexual experiences.

Understanding the scope of sexual health in the United States requires a nuanced exploration of its complex measurements. Over the last few years, Spector-Bagdady and Mello's (2022) data shows that the rates of sexually transmitted infections (STIs) among youths have surged, reaching record highs for chlamydia, gonorrhea, and syphilis. According to CDC (2023), the STI epidemic among the young had no signs of slowing down from the year 2021 to 2023, for instance, the reported cases in syphilis, chlamydia, and gonorrhea all increased by more than 2.5 million cases over the same period. This surge, especially prevalent amongst people aged 15 to 24, underscores the necessity for comprehensive

sexual health education and available preventive services to attend to the physical aspects of sexual health (Sarkar, 2023).

Psychological well-being is intricately linked to sexual health, with the occurrence of sexual violence and harassment. Liddell and McKinley (2022) expose that nearly 1 in 5 ladies and 1 in 38 men in the United States have actually experienced rape or attempted rape eventually in their lives. These figures highlight the profound emotional toll of sexual violence, highlighting the urgency to address not only the physical but also the emotional measurements of sexual health.

Psychological health emerges as an essential measurement within the context of sexual health, marked by the impact of preconception and discrimination. Coen-Sanchez et al. (2022) reveal that LGBTQ youth in the United States deal with higher rates of anxiety, stress, and self-destructive ideation compared to their heterosexual peers. Acknowledging and resolving the psychological health challenges connected with sexual identity and expression is crucial for a genuinely comprehensive method of sexual health.

2. Challenges in Sexual Health for Young People in the United States

The challenges in sexual health for youths in the United States are diverse and deeply rooted, integrating both high-risk behaviors and the impact of social state of mind and cultural standards.

Social preconceptions surrounding conversations on sexual health produce an environment defined by silence, false info, and impeded open discussion. Klein et al. (2022) expose that a substantial percentage of youths report a lack of open and genuine communication about sexual health within their communities and homes. This absence of open discourse has far-reaching ramifications. It not only perpetuates prevalent false information but similarly installs formidable barriers to accessing essential sexual health resources. Also, Arvisais-Anhalt et al. (2022) highlight that the silence enforced by social mindsets and cultural norms surrounding sexuality leaves young people browsing their sexual journey without appropriate support. In the absence of open conversations, misconceptions continue, misunderstandings thrive, and important info about safe sex practices, contraception, and the varied aspects of sexual health remain obscured. According to Liddell and Herzberg (2023), such results are particularly noticeable amongst marginalized and vulnerable populations who may face extra layers of prejudice and discrimination. LGBTQ+ youth, for example, normally experience social mindsets that marginalize their experiences, producing an environment where open discussions about sexual health are far more challenging.

Beroukhim et al. (2022) highlight that comprehensive sex education is absent in many schools across the United States, unveiling a worrying void in the arrangement of important details for young people. This instructional deficit equates to a situation where precise and trusted insights into crucial aspects of

sexual health, birth control, and avoidance of sexually transferred infections (STIs) are inadequately disseminated. According to [DeMaria et al. \(2022\)](#), the effects of this gap are extensive and include producing an environment ripe for misinformation and possibly fostering dangerous sexual habits among the youth. Without a robust foundation in sexual education, young individuals may not have the vital understanding and understanding needed to make informed decisions about their sexual well-being. Sex education guarantees that the more youthful generation is equipped with the tools to browse the complexities of their sexual health properly. Addressing this gap becomes not simply an instructional crucial but an important financial investment in the health and well-being of the nation's youth.

At the intersection of sexual health and social dynamics, LGBTQ+ youth compete with the pervasive challenges of preconception and discrimination, making up substantial barriers to accessing crucial sexual health services ([Kaufman et al., 2022](#)). The lived experiences of these young individuals are typically spoiled by societal predispositions, impacting not only their psychological and psychological well-being but also their capability to seek and receive appropriate health care. The stigma and discrimination they face develop a hostile environment that prevents access to inclusive and verified healthcare services tailored to their special needs associated with sexual orientation and gender identity. According to [Rodriguez-Wallberg et al. \(2023\)](#), the effects of such exclusionary practices are significant, possibly leading LGBTQ+ youth to pass up essential health care, consisting of vital sexual health services and support groups. While addressing this problem comprehensively, it is vital not just to take apart social prejudices but likewise to cultivate a really inclusive healthcare landscape, verifying and responsive to the diverse needs of LGBTQ+ youth. By taking apart these barriers, society can make sure that every young person, regardless of sexual orientation or gender identity, has equitable access to the sexual health services they need for a healthy and empowered future.

In the complex tapestry of sexual health concerns in the United States, a glaring problem occurs with the high prevalence of sexually transmitted infections (STIs) among youths, such as chlamydia and gonorrhea. [Duggan \(2023\)](#) reveals that this disturbing truth highlights a crucial public health difficulty, with implications extending far beyond instant health issues. The prospective long-term effects, such as infertility, if these STIs are left without treatment, magnify the urgency of resolving this concern adequately. The raised rates of chlamydia and gonorrhea indicate systemic spaces in sexual health education, the availability of preventive steps, and the requirement for robust public health interventions. A collective effort is essential not just to curb the immediate spread of these infections but also to resolve the underlying aspects adding to the high occurrence. Through targeted education, [Mengesha et al. \(2022\)](#) include that accessible health care and destigmatization of seeking sexual health services; society can mitigate the long-lasting health threats connected with elevated rates of STIs

amongst the younger population. The vital is clear--to strengthen public health techniques that empower young individuals with the knowledge and resources needed to browse their sexual health journey securely.

Within the sphere of sexual health, the specter of unintended pregnancies among young people casts a significant shadow, encompassing extensive social, economic, and health implications. According to [Giacci et al. \(2022\)](#), the implications of such pregnancies extend beyond specific lives, permeating societal structures and placing pressures on economic and healthcare systems. Central to addressing this complicated concern is acknowledging the pivotal role of access to birth control, including long-acting reversible contraception (LARC), as a foundation for minimizing the rates of unintentional pregnancies ([Aboagye et al., 2022](#)). The arrangement of extensive sexual health education, coupled with accessible and budget-friendly contraception alternatives, becomes essential. By empowering young people with the knowledge and implies to make educated decisions about their reproductive health, society can mitigate the societal, financial, and health effects associated with unplanned pregnancies.

In the detailed surface of sexual health, the haunting specter of sexual violence and abuse looms as a perilous threat to the well-being of young people. As highlighted by [McConnell and Phelan \(2022\)](#), the gravity of this issue extends beyond instant concerns, as it carries the capacity for withstanding physical and mental effects. While recognizing the seriousness of addressing this pervasive obstacle, it ends up being paramount for doctors to be equipped with specialized training in identifying and responding to cases of sexual violence and abuse. [Gillette-Pierce et al. \(2023\)](#) show that the training is not merely an expert improvement. However, a morally important one is making sure that healthcare providers can function as supporters and sources of assistance for young individuals who have experienced such trauma.

Individual behaviors are influenced by systemic barriers, as they shape the choices available to individuals and the context in which they make decisions regarding their sexual health. For instance, stigma surrounding sexual health issues can deter individuals from seeking healthcare services or disclosing their sexual history to healthcare providers, thereby leading to delayed diagnosis and treatment of sexually transmitted infections (STIs). Limited access to comprehensive sex education may contribute to misinformation and misconceptions about sexual health, resulting in risky behaviors and adverse health outcomes. Socioeconomic factors such as poverty and lack of health insurance can impede individuals' affordability of contraceptives, STI testing, and reproductive healthcare services, consequently impacting their overall sexual well-being. In conclusion, the intricate interplay between individual behavior and systemic barriers highlights the necessity for multifaceted approaches to promote sexual health and address structural inequalities that impede individuals' access to resources and support. By addressing both individual behaviors and systemic barriers, society can strive towards creating environments that prioritize sexual health equity and

empower individuals to make informed decisions about their sexual well-being.

3. Analyzing Existing Policies and Programs

Taking a look at the present policies and programs in relation to sexual health education and services for youth in the United States finds a landscape marked by a range of approaches and a spectrum of efficiency. According to [Crear-Perry et al. \(2022\)](#), there is a decentralized nature of sexual health education policies, which is a distinguishing quality of the U.S. system. Throughout the country, states and school districts possess considerable autonomy in shaping their sexual health education structures. This decentralized structure causes a patchwork of techniques and standards, reflecting the diverse worths, cultural mindsets, and policy concerns widespread in various areas. This diversity is evident not just in the content of sexual health education but likewise in the focus put on abstinence-only versus comprehensive methods. Some states, such as Texas, concentrate on abstinence-only education, promoting the concept of refraining from sex till marriage ([Alhelou et al., 2022](#)). In contrast, other states, such as Oregon, embrace a more comprehensive technique that provides information about birth control, healthy relationships, and sexually transmitted infections ([Larsson et al., 2022](#)). The variation in strategies adds to an irregular and often incomplete understanding of sexual health amongst the youth, promoting disparities in knowledge and behaviors.

The Affordable Care Act (ACA), enacted in 2010, stands as a transformative piece of legislation that has unquestionably reshaped the landscape of sexual health in the United States ([Zaami et al., 2022](#)). The Affordable Care Act (ACA) has extended the eligibility for young adults to remain covered under their parents' insurance plans until the age of 26, thereby enhancing accessibility to sexual health services within this demographic. Among its standout contributions has been the emphasis on insurance coverage for preventive services, with a particular concentration on contraception. This aspect of the ACA is substantial, acknowledging the significance of preventive care in the world of sexual health and making sure that individuals have access to vital services without monetary barriers. According to ([Biancuzzi et al., 2022](#)), the ACA's requirement for insurance protection of preventive services, including birth control, has actually marked a basic shift in healthcare ease of access. By eliminating monetary obstacles, the ACA addresses a historic disparity where the expense of contraceptives functioned as a deterrent for many people, specifically the youth, restricting their capability to make informed choices about reproductive health. The emphasis on contraception is essential, acknowledging its function not simply as a household preparation tool but as an essential aspect of detailed sexual health.

Furthermore, as [Malkin et al. \(2022\)](#) show, the ACA's commitment to extending access to vital healthcare services, particularly for the youth, aligns with the acknowledgment that this market frequently faces special obstacles associated with reproductive health. Young people might come across monetary re-

straints, the absence of insurance protection, or barriers to seeking reproductive health services. By focusing on access, the ACA aims to empower the youth to take charge of their sexual health, promoting a preventative and proactive technique. However, the efficiency of the ACA in improving the sexual health landscape is not without challenges. Regardless of its favorable intentions, the ACA has actually faced political and legal controversies, with attempts to rescind or undermine its arrangements. According to [Barth et al. \(2022\)](#), such difficulties have introduced unpredictabilities about the longevity and stability of the ACA's effect on sexual health.

Furthermore, the reach and effectiveness of the ACA's reproductive health arrangements may differ across different demographics and regions. Disparities in health care access continue, affected by factors such as socio-economic status, geographic location, and cultural nuances. For that reason, while the ACA marks a substantial stride forward, it is essential to seriously examine its ability to address the varied and nuanced reproductive health requirements of the whole population, consisting of marginalized groups that might still deal with barriers to gaining access.

The Title X Family Planning Program, working as a cornerstone of federal financing committed to family planning services, inhabits an important position within the broader landscape of sexual health initiatives. As shown by [Sharko et al. \(2022\)](#), Title X is a Public Service Act enacted in 1970 to attend to the essential importance of accessible and thorough household planning and reproductive health services within the Department of Health & Human Services (HHS). Title X plays an essential role in shaping sexual health efforts across the nation. The program's primary objective is to provide accessible and extensive family preparation and reproductive health services to people across the country. This overarching objective positions Title X as a vital component of the healthcare infrastructure, acknowledging the intrinsic link between household planning and total health. By facilitating access to household planning services, [Kruse et al. \(2022\)](#) show that the program not only addresses reproductive health requirements but also contributes to wider public health objectives. The Title X program's role extends beyond the arrangement of services to embody a dedication to inclusivity and equity in sexual health. The programs across the country's scope underscore its intent to bridge health care disparities and guarantee that individuals, regardless of socio-economic background or geographic area, have access to essential reproductive health services. This dedication lines up with the more comprehensive public health objectives of promoting preventive care and empowering individuals to make educated options about their reproductive well-being.

Nevertheless, obstacles and arguments surround the Title X program, including conversations about its financing, scope, and prospective modifications in policies. Political and ideological shifts may impact the program's ability to fulfill its mission successfully ([BakiBillah & Chowdhury, 2022](#)). In addition, continu-

ous debates about reproductive rights and access to family preparation services highlight the program's centrality in bigger discussions about sexual health, autonomy, and equitable health care.

While focusing on evidence-based techniques, the Teen Pregnancy Prevention Program—developed in 2010—plays an essential role in attending to an important aspect of sexual health, especially in the context of the United States. [Moyo et al. \(2022\)](#) specify that this program is carried out with a specific focus on reducing teen pregnancies, utilizing methods grounded in research studies and proven methodologies. The emphasis on evidence-based strategies highlights a dedication to making use of methods that have shown efficiency in the world of sexual health education and prevention. By anchoring the program in the recognized research study, [Stone and Smith \(2022\)](#) show that the program seeks to guarantee that interventions are not only well-informed but likewise have a higher possibility of success in accomplishing their goals. The significance of this program ends up being particularly noticeable in the context of the United States, where rates of teenage pregnancies have significant social, economic, and health ramifications. By tackling this problem directly, the program lines up with broader public health objectives, intending to reduce the immediate and long-term repercussions related to early pregnancies among young individuals. Broadening on its methods, the Teen Pregnancy Prevention Program likely incorporates thorough sex education, access to contraceptives, and community-based efforts. These components are crucial in offering youths the knowledge and resources required to make informed choices about their sexual health, adding to a decrease in teen pregnancies.

Furthermore, the program's concentration on evidence-based methods implies a commitment to continuous examination and adjustment based on emerging research studies and changing social characteristics. This versatility ensures that interventions stay appropriate and responsive to the progressing landscape of sexual health challenges faced by teens in the United States. While the efficiency of the Teen Pregnancy Prevention Program is contingent on numerous factors, consisting of program implementation, neighborhood engagement, and continuous assessment, its overarching goal of reducing teen pregnancies lines up with wider efforts to enhance the overall sexual health landscape in the United States. Through evidence-based strategies, these program undertakings to empower young people, foster informed decision-making, and contribute to positive sexual health results.

The Ryan White CARE Act—enacted in 1990—mostly developed to deal with the care and treatment of people affected by HIV/AIDS, handles added significance as it intersects with wider sexual health concerns, specifically worrying young people ([Baralić et al., 2023](#)). While the Act has its roots in responding to the HIV/AIDS epidemic, its implications extend beyond entirely resolving the medical elements of this particular health condition. As [Corley et al. \(2022\)](#) demonstrate, by concentrating on HIV/AIDS care and treatment, the Ryan White

CARE Act acknowledges the interconnectedness of sexual health concerns. Youth populations, in particular, face diverse obstacles associated with sexual health, incorporating not only the threat of HIV/AIDS but also broader problems such as access to detailed sex education, avoidance of sexually transferred infections (STIs), and the promo of healthy relationships. The Act's convergence with detailed sexual health issues reflects an acknowledgment of the complex truths young individuals browse in their sexual lives. Beyond the instant medical implications of HIV/AIDS, the Act most likely integrates components that promote holistic sexual health education, counseling, and support. [Kett et al. \(2022\)](#) reveal that the respective elements are crucial for equipping youths with the knowledge and skills required to browse the intricacies of relationships, authorization, and accountable sexual behavior. Expanding on the Act's concentration on youths, [Dadras et al. \(2022\)](#) mention that it is vital to think about the special challenges this market faces, including societal mindsets, stigma, and barriers to accessing sexual health services. The Act might incorporate provisions aimed at decreasing disparities in healthcare gain access, ensuring inclusivity, and attending to the more comprehensive social determinants that affect sexual health outcomes amongst young individuals. While the main lens of the Ryan White CARE Act remains HIV/AIDS, its acknowledgment of the wider sexual health landscape recommends a detailed technique that aligns with developing public health concerns. The Act, in essence, ends up being a catalyst for integrated strategies that not only react to the particular medical requirements of those affected by HIV/AIDS but likewise contribute to a more holistic and inclusive sexual health framework for the youth population.

4. Theoretical Frameworks for Intervention

There are two major theories, the Health Belief Model (HBM) and Social Cognitive Theory (SCT), that take center stage in the context of sexual health, illuminating the mental elements that influence the options and habits of young people.

As demonstrated by [Xiang et al. \(2022\)](#), the Health Belief Model (HBM) stands as a foundational pillar in the world of behavioral theories, offering a structured and insightful framework to unwind the psychological complexities of health-related decision-making. In the specific context of sexual health, the HBM ends up being an indispensable guide, using an extensive lens through which to understand how young people perceive and browse the dangers and advantages braided with their sexual behaviors. At its core, the HBM acknowledges that individuals take part in a cognitive evaluation procedure when making health-related decisions. In the realm of sexual health, this means that young individuals purposely weigh different factors, including their viewed susceptibility to health threats (such as sexually transmitted infections), the severity of those hazards, the viewed benefits of taking preventive action (like using contraceptives or practicing safe sex), and the barriers that may hinder such preven-

tive actions. For interventions striving to enhance sexual health outcomes, the HBM ends up being an important compass. According to [McNeil \(2023\)](#), the theory not only brightens the varied measurements of understanding but likewise guides the recognition and tactical addressing of these essential elements. By acknowledging and understanding the specific issues, such as vulnerability to STIs, the perceived severity of prospective repercussions, the viewed advantages of adopting preventive procedures, and the barriers to welcoming safe sexual practices, interventions can tailor their approaches. The HBM, according to [Feldpausch and Campbell \(2023\)](#), offers a mental roadmap for crafting interventions that resonate deeply with the understandings and motivations of young individuals. By considering the special cognitive procedures of each individual, interventions can foster informed decision-making and cultivate positive health behaviors. This customized approach is critical in producing reliable techniques that align with the lived experiences and beliefs of young people, eventually adding to the promotion of sexual health and wellness. In browsing the complex landscape of sexual health, the Health Belief Model stands as an assisting light, helping with interventions that are not only evidence-based but also deeply attuned to the varied mental elements affecting the choices of young people.

Developed by the psychologist Albert Bandura, Social Cognitive Theory (SCT) offers an extensive lens through which to explore the characteristics of observational knowing, modeling, and the prominent role of social factors in shaping behavior ([Aghazadeh & Aldoory, 2023](#)). In the realm of sexual health interventions, SCT emerges as a dynamic and influential structure, providing insights into how young individuals discover, internalize, and embrace behaviors associated with sexuality. At its essence, SCT acknowledges the extensive effect of good examples in influencing the habits and decisions of individuals. Whether these good examples are peers, teachers, or other influential figures, they play a crucial role in forming the viewpoints and options of youths in the context of sexual health. SCT presumes that through observational learning, where people observe and simulate the behaviors of others, young individuals can obtain important knowledge, develop a sense of self-efficacy, and cultivate the self-confidence needed to make informed choices about their sexual well-being. Among the key tenets of SCT, as asserted by [Arovah \(2022\)](#), is the focus on self-regulation, acknowledging the person's capability to keep an eye on and manage their habits. In the context of sexual health interventions, this suggests that people can be empowered to browse the complexities of their sexual health by boosting their ability to regulate their actions, make accountable choices, and effectively manage prospective dangers. For interventions guided by SCT, the incorporation of favorable role models is paramount. By showcasing and promoting favorable habits associated with sexual health, these interventions aim to develop an encouraging social context favorable to observational knowing. Through this method, [Waqatakirewa et al. \(2022\)](#) show that young individuals are motivated to bring into play positive behavioral designs within their social spheres, fostering an environment that supports informed choices and accountable sexual habits. For

instance, ensuring access to a diverse range of contraceptive methods is crucial in assisting young individuals in preventing unintended pregnancies and effectively planning their reproductive futures. Sexual health interventions often encompass comprehensive education on various contraceptive methods, counseling sessions addressing the use and efficacy of contraceptives, as well as support for informed decision-making regarding contraception. Efforts aimed at enhancing contraceptive accessibility may involve mitigating financial barriers, expanding availability of long-acting reversible contraceptives (LARCs), and promoting youth-centric contraceptive services.

Moreover, SCT-guided interventions plan to boost self-regulatory abilities among young individuals. By cultivating a sense of control over their actions, interventions look to empower them to choose lined up with favorable sexual health results. This multifaceted approach, incorporating observational knowing, favorable role modeling, and the cultivation of self-regulatory skills, aims to equip young people with the tools and self-confidence needed to navigate the intricacies of sexual health with resilience and informed decision-making.

5. Recommendations for Improvement

The promotion of peer-to-peer education programs, alongside traditional university education initiatives, holds substantial merit in the realm of sexual health promotion. [Sibanda et al. \(2019\)](#) conducted an assessment on the efficacy of a peer-led HIV prevention intervention in secondary schools in Rwanda. They employed a non-randomized controlled trial design to evaluate its impact on knowledge, attitudes, and behaviors pertaining to HIV prevention. According to [Price et al. \(2022\)](#), Peer-to-peer education represents a distinctive and impactful technique where trainees play an active role in sharing information and fostering conversations about sexual health among their peers. Peer-to-peer education programs utilize the power of relatability and shared experiences amongst students. In this model, individuals of comparable age and backgrounds are placed as educators, developing a special dynamic that can breakdown barriers and help with more open and candid conversations. [Tebb and Brindis \(2022\)](#) show that Peers are often more approachable, developing an environment where delicate topics associated with sexual health can be discussed with greater ease. This technique acknowledges the impact that peers have on each other's habits and mindsets, recognizing that students might feel comfier looking for guidance and details from their peers than from more conventional authority figures. According to [Holst et al. \(2022\)](#), the approach lines up with the concept that fostering a helpful community and motivating discussion within the trainee population adds to a favorable and inclusive culture around sexual health.

Additionally, peer-to-peer education programs have the possible to reach sections of the student population that may be less inclined to engage with official university-led efforts. By leveraging existing social networks and relationships,

these programs can extend their effect to diverse groups, dealing with the varied requirements and issues of the student neighborhood. In combination with university education programs, which supply a structured and comprehensive curriculum, the peer-to-peer design contributes to a multifaceted approach to sexual health education. University-led efforts can provide extensive info, resources, and expert assistance, while peer-led programs improve the dissemination of this understanding through relatable and available channels.

Guaranteeing the combination of theoretical frameworks, such as the Health Belief Model and Social Cognitive Theory, into the style and application of sexual health interventions is imperative. Tailoring programs to take advantage of these frameworks promotes a deeper understanding of individual perceptions, social influences, and behavioral factors. By aligning interventions with recognized mental theories, this recommendation looks to enhance the efficiency and resonance of sexual health programs among youth. Hanley (2022) concludes that the challenges surrounding sexual health for youths in the United States highlight the need for tailored interventions that acknowledge and deal with the more comprehensive societal context influencing outcomes. The intersectionality of these obstacles, arising from a confluence of aspects such as socio-economic status, cultural background, and sexual orientation, requires a technique that is delicate to the varied experiences and requirements of people. Customized interventions, rooted in an understanding of the wider societal context, exceed one-size-fits-all services. These interventions acknowledge that the difficulties faced by youths are affected by a myriad of interconnected aspects. For example, youths from marginalized communities may experience extra barriers in accessing sexual health resources due to systemic inequalities and discrimination. Recognizing these variations is vital in crafting interventions that are effective and equitable.

The evidence-based techniques in instructional and awareness initiatives are vital in ensuring the effectiveness of interventions. According to Treder et al. (2022), evidence-based practices make use of research and information to determine the style and implementation of programs. This technique not only makes sure that interventions are grounded in clinical knowledge but likewise allows for continuous evaluation and improvement based on results. By embracing evidence-based techniques, interventions can adjust to the progressing landscape of sexual health difficulties, offering timely and appropriate support to youths. Muzata (2023) shows that the supreme objective of these customized interventions is not merely to alleviate the immediate repercussions of high-risk habits but to foster a cultural shift towards a more informed, encouraging, and empowering environment for the youth. This includes challenging social standards that add to stigma, discrimination, and misinformation. It needs to produce spaces where open discussion about sexual health is not only accepted but encouraged, taking apart barriers to access and promoting inclusivity in all elements of sexual education and healthcare. A cultural shift towards a more in-

formed, encouraging, and empowering environment recognizes that sexual health is a basic element of total well-being. In this case, there is an acknowledgment of young people having diverse experiences, identities, and requirements. It aims to develop a society where they can browse their sexual journey with autonomy, respect, and access to the resources they require. Ultimately, by addressing the intersectionality of obstacles and promoting a cultural shift, customized interventions intend to add to a positive and holistic improvement in the landscape of sexual health for youths in the United States.

6. Conclusion

The expedition of sexual health among youth in the United States has actually unfolded as a detailed journey, browsing through the complexities of challenges, policies, programs, and theoretical structures. From understanding the scope of sexual health to proposing recommendations for improvement, each section contributes to a holistic understanding of the existing landscape and the crucial for modification. It becomes evident that the obstacles are multifaceted, varying from high rates of sexually transferred infections to psychological well-being concerns rooted in sexual violence. The intersectionality of these difficulties highlights the need for a nuanced and detailed approach to sexual health interventions. Exploring the theoretical structures, the Health Belief Model and Social Cognitive Theory become important structures. The Health Belief Model, with its focus on private perceptions, supplies a roadmap for crafting interventions tailored to the distinct considerations of young people. Social Cognitive Theory, on the other hand, highlights the prominent role of social aspects, promoting interventions that leverage favorable role models and foster self-regulatory skills. Evaluating existing policies and programs reveals a landscape shaped by varied methods, requiring a vital assessment of their effectiveness.

Comprehensive school-based sex education programs, peer-led initiatives, and the combination of theoretical frameworks into interventions jointly contribute to a robust technique for dealing with challenges and promoting positive sexual health outcomes. The journey through understanding sexual health among youth in the United States culminates in a call to action. The recommendations put forth in this scholarly exploration are not simply recommendations but important steps towards a future where the sexual health of the youth is prioritized, supported by policies that show their diversity and programs that empower them with knowledge and skills.

Acknowledgements

Dr. Ann Lorek (Lecturer of King's College London).

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

- Aboagye, R. G., Dadzie, L. K., Arthur-Holmes, F., Okyere, J., Agbaglo, E., Ahinkorah, B. O., & Seidu, A. A. (2022). Intimate Partner Violence against Married and Cohabiting Women in Sub-Saharan Africa: Does Sexual Autonomy Matter? *Reproductive Health, 19*, Article No. 79. <https://doi.org/10.1186/s12978-022-01382-1>
- Aghazadeh, S. A., & Aldoory, L. (2023). Health Communication Theory in Public Relations. In C. Botan, & E. Sommerfeldt (Eds.), *Public Relations Theory III* (pp. 395-411). Routledge. <https://doi.org/10.4324/9781003141396-27>
- Alhelou, N., Kavattur, P. S., Rountree, L., & Winkler, I. T. (2022). 'We Like Things Tangible:' A Critical Analysis of Menstrual Hygiene and Health Policy-Making in India, Kenya, Senegal and the United States. *Global Public Health, 17*, 2690-2703. <https://doi.org/10.1080/17441692.2021.2011945>
- Arovah, N. I. (2022). The Correlates of Physical Activity during COVID-19 Pandemic among Indonesian Young Adults: A Longitudinal Study. *Journal of Education and Health Promotion, 11*, 179. https://doi.org/10.4103/jehp.jehp_720_21
- Arvais-Anhalt, S., Lau, M., Lehmann, C. U., Holmgren, A. J., Medford, R. J., Ramirez, C. M., & Chen, C. N. (2022). The 21st Century Cures Act and Multiuser Electronic Health Record Access: Potential Pitfalls of Information Release. *Journal of Medical Internet Research, 24*, e34085. <https://doi.org/10.2196/34085>
- BakiBillah, A. H., & Chowdhury, A. A. (2022). *Factors Influencing Sexual and Reproductive Health-Related Misuse of Digital Media in Bangladesh*. <https://doi.org/10.21203/rs.3.rs-2124303/v1>
- Baralić, K., Vukelić, D., Marić, Đ., Antonijević, B., Đukić-Čosić, D., Bulat, Z., & Buha-Đorđević, A. (2023). Metals in the Mix: Uncovering the Link between Real-Life Environmental Exposures, Hormone Disruption, and Female Reproductive Health Using Human and Animal Data. *Toxicology Letters, 384*, S145-S145. [https://doi.org/10.1016/S0378-4274\(23\)00609-4](https://doi.org/10.1016/S0378-4274(23)00609-4)
- Barth, R. P., Messing, J. T., Shanks, T. R., Shanks, T. R. W., & Williams, J. H. (Eds.) (2022). *Grand Challenges for Social Work and Society*. Oxford University Press. <https://doi.org/10.1093/oso/9780197608043.001.0001>
- Beroukhim, G., Mahabamunuge, J., & Pal, L. (2022). Racial Disparities in Access to Reproductive Health and Fertility Care in the United States. *Current Opinion in Obstetrics and Gynecology, 34*, 138-146. <https://doi.org/10.1097/GCO.0000000000000780>
- Biancuzzi, H., Dal Mas, F., Brescia, V., Campostrini, S., Cascella, M., Cuomo, A. et al. (2022). Opioid Misuse: A Review of the Main Issues, Challenges, and Strategies. *International Journal of Environmental Research and Public Health, 19*, Article 11754. <https://doi.org/10.3390/ijerph191811754>
- CDC (2023). *Center for Diseases Control and Prevention. 2023 NCHHSTP Newsroom Releases*. <https://www.cdc.gov/nchhstp/newsroom/2023-archive.html#:~:text=u.s.%20sti%20epidemic%20showed%20no,than%202.5%20million%20reported%20cases>
- Chavula, M. P., Zulu, J. M., & Hurtig, A. K. (2022). Factors Influencing the Integration of Comprehensive Sexuality Education into Educational Systems in Low- and Middle-Income Countries: A Systematic Review. *Reproductive Health, 19*, Article No. 196. <https://doi.org/10.1186/s12978-022-01504-9>
- Coen-Sanchez, K., Ebenso, B., El-Mowafi, I. M., Berghs, M., Idriss-Wheeler, D., & Yaya, S. (2022). Repercussions of Overturning *Roe v. Wade* for Women across Systems and Beyond Borders. *Reproductive Health, 19*, Article No. 184. <https://doi.org/10.1186/s12978-022-01490-y>

- Corley, A. G., Sprockett, A., Montagu, D., & Chakraborty, N. M. (2022). Exploring and Monitoring Privacy, Confidentiality, and Provider Bias in Sexual and Reproductive Health Service Provision to Young People: A Narrative Review. *International Journal of Environmental Research and Public Health*, *19*, Article 6576. <https://doi.org/10.3390/ijerph19116576>
- Crear-Perry, J., Hassan, A., & Daniel, S. (2022). Advancing Birth Equity in a Post-Dobbs US. *JAMA*, *328*, 1689-1690. <https://doi.org/10.1001/jama.2022.19468>
- Dadras, O., Nakayama, T., Kihara, M., Ono-Kihara, M., & Dadras, F. (2022). Intimate Partner Violence and Unmet Need for Family Planning in Afghan Women: The Implication for Policy and Practice. *Reproductive Health*, *19*, Article No. 52. <https://doi.org/10.1186/s12978-022-01362-5>
- DeMaria, L. M., Smith, K. V., & Berhane, Y. (2022). Sexual and Reproductive Health in Ethiopia: Gains and Reflections over the Past Two Decades. *Reproductive Health*, *19*, Article No. 175. <https://doi.org/10.1186/s12978-022-01464-0>
- Duggan, J. (2023). Using TikTok to Teach about Abortion: Combatting Stigma and Mis-education in the United States and Beyond. *Sex Education*, *23*, 81-95. <https://doi.org/10.1080/14681811.2022.2028614>
- Evans, R., Widman, L., Stokes, M. N., Javidi, H., Hope, E. C., & Brasileiro, J. (2020). Association of Sexual Health Interventions with Sexual Health Outcomes in Black Adolescents: A Systematic Review and Meta-Analysis. *JAMA Pediatrics*, *174*, 676-689. <https://doi.org/10.1001/jamapediatrics.2020.0382>
- Feldpausch, G., & Campbell, C. (2023). Mixed Methods Investigation of Diet Quality and Nutrition-Related Behavior during Pregnancy. *Journal of Nutrition Education and Behavior*, *55*, 55. <https://doi.org/10.1016/j.jneb.2023.05.123>
- Ferguson, L., Jardell, W., Lambert-Peck, M., Guo, L., Lopez, S., Canaves, V., & Filmer-Wilson, E. (2022). Mind the Gap: Understanding Differences between Sexual and Reproductive Health-Related Legal Frameworks on Paper and in Practice. *Frontiers in Global Women's Health*, *3*, Article 838976. <https://doi.org/10.3389/fgwh.2022.838976>
- Giacci, E., Straits, K. J., Gelman, A., Miller-Walfish, S., Iwuanyanwu, R., & Miller, E. (2022). Intimate Partner and Sexual Violence, Reproductive Coercion, and Reproductive Health among American Indian and Alaska Native Women: A Narrative Interview Study. *Journal of Women's Health*, *31*, 13-22. <https://doi.org/10.1089/jwh.2021.0056>
- Gillette-Pierce, K. T., Richards-McDonald, L., Arscott, J., Josiah, N., Duroseau, B., Jacques, K. et al. (2023). Factors Influencing Intrapartum Health Outcomes among Black Birthing Persons: A Discursive Paper. *Journal of Advanced Nursing*, *79*, 1735-1744. <https://doi.org/10.1111/jan.15520>
- Hanley, A. (2022). Migration, Racism and Sexual Health in Postwar Britain. *History Workshop Journal*, *94*, 202-222. <https://doi.org/10.1093/hwj/dbac018>
- Holst, A. S., Jacques-Aviñó, C., Berenguera, A., Pinzón-Sanabria, D., Valls-Llobet, C., Munrós-Feliu, J. et al. (2022). Experiences of Menstrual Inequity and Menstrual Health among Women and People Who Menstruate in the Barcelona Area (Spain): A Qualitative Study. *Reproductive Health*, *19*, Article No. 45. <https://doi.org/10.1186/s12978-022-01354-5>
- Kaufman, R., Brown, R., Martinez Coral, C., Jacob, J., Onyango, M., & Thomasen, K. (2022). Global Impacts of Dobbs V. Jackson Women's Health Organization and Abortion Regression in the United States. *Sexual and Reproductive Health Matters*, *30*, Article 2135574. <https://doi.org/10.1080/26410397.2022.2135574>
- Kett, P. M., Van Eijk, M. S., Guenther, G. A., & Skillman, S. M. (2022). "This Work That

- We're Doing Is Bigger than Ourselves": A Qualitative Study with Community-Based Birth Doulas in the United States. *Perspectives on Sexual and Reproductive Health*, 54, 99-108. <https://doi.org/10.1363/psrh.12203>
- Klein, V., Laan, E., Brunner, F., & Briken, P. (2022). Sexual Pleasure Matters (Especially for Women)—Data from the German Sexuality and Health Survey (GeSiD). *Sexuality Research and Social Policy*, 19, 1879-1887. <https://doi.org/10.1007/s13178-022-00694-y>
- Kruse, G., Lopez-Carmen, V. A., Jensen, A., Hardie, L., & Sequist, T. D. (2022). The Indian Health Service and American Indian/Alaska Native Health Outcomes. *Annual Review of Public Health*, 43, 559-576. <https://doi.org/10.1146/annurev-publhealth-052620-103633>
- Larsson, F. M., Bowers-Sword, R., Narvaez, G., & Ugarte, W. J. (2022). Exploring Sexual Awareness and Decision-Making among Adolescent Girls and Boys in Rural Nicaragua: A Socio-Ecological Approach. *Sexual & Reproductive Healthcare*, 31, Article 100676. <https://doi.org/10.1016/j.srh.2021.100676>
- Liddell, J. L., & Herzberg, J. (2023). "They Didn't Talk about Stuff Like That": Sexual Health Education Experiences of a Native American Tribe in the Gulf Coast. *American Journal of Sexuality Education*, 18, 231-260. <https://doi.org/10.1080/15546128.2022.2087815>
- Liddell, J. L., & McKinley, C. E. (2022). The Development of the Framework of Integrated Reproductive and Sexual Health Theories (FIRSHT) to Contextualize Indigenous Women's Health Experiences. *Sexuality Research and Social Policy*, 19, 1020-1033. <https://doi.org/10.1007/s13178-022-00693-z>
- Malkin, M., Mickler, A. K., Ajibade, T. O., Coppola, A., Demise, E., Derera, E. et al. (2022). Adapting High Impact Practices in Family Planning during the COVID-19 Pandemic: Experiences from Kenya, Nigeria, and Zimbabwe. *Global Health: Science and Practice*, 10, 1-8. <https://doi.org/10.9745/GHSP-D-22-00064>
- McConnell, D., & Phelan, S. (2022). The Devolution of Eugenic Practices: Sexual and Reproductive Health and Oppression of People with Intellectual Disability. *Social Science & Medicine*, 298, Article 114877. <https://doi.org/10.1016/j.socscimed.2022.114877>
- McNeil, D. W. (2023). Behavioural and Cognitive-Behavioural Theories in Oral Health Research: Current State and Future Directions. *Community Dentistry and Oral Epidemiology*, 51, 6-16. <https://doi.org/10.1111/cdoe.12840>
- Mengesha, B., Zite, N., & Steinauer, J. (2022). Implications of the Dobbs Decision for Medical Education: Inadequate Training and Moral Distress. *JAMA*, 328, 1697-1698. <https://doi.org/10.1001/jama.2022.19544>
- Moyo, E., Murewanhema, G., Musuka, G., & Dzinamarira, T. (2022). Long-Acting Injectable Drugs for HIV-1 Pre-Exposure Prophylaxis: Considerations for Africa. *Tropical Medicine and Infectious Disease*, 7, Article 154. <https://doi.org/10.3390/tropicalmed7080154>
- Muzata, K. K. (2023). Major Issues of Contention in the Implementation of Comprehensive Sexuality Education (CSE) to Learners with Disabilities in Zambia. *Journal of Lexicography and Terminology*, 7, 21-46.
- Parpieva, O. R., & Djalalidinova, O. O. (2022). Reproductive Health Issues. *Texas Journal of Medical Science*, 14, 58-61.
- Price, D. M., Unger, Z., Wu, Y., Meyers, K., & Golub, S. A. (2022). Clinic-Level Strategies for Mitigating Structural and Interpersonal HIV Pre-Exposure Prophylaxis Stigma. *AIDS Patient Care and STDs*, 36, 115-122. <https://doi.org/10.1089/apc.2021.0176>
- Rodriguez-Wallberg, K., Obedin-Maliver, J., Taylor, B., Van Mello, N., Tilleman, K., & Nahata, L. (2023). A Narrative Review to Guide Clinical Care and International Guide-

- lines. *Inter. J. Trans. Health*, 24, 7-25. <https://doi.org/10.1080/26895269.2022.2035883>
- Sarkar, K. (2023). Gender Issues and Awareness about Reproductive Health in Secondary Students of Kolkata. In T. Chakraborty, N. Mishra, A. Natarajan, & B. Chatterjee (Eds.), *Gender Equality from a Modern Perspective* (pp. 295-318). Apple Academic Press. <https://doi.org/10.1201/9781003377979-16>
- Sharko, M., Jameson, R., Ancker, J. S., Krams, L., Webber, E. C., & Rosenbloom, S. T. (2022). State-by-State Variability in Adolescent Privacy Laws. *Pediatrics*, 149, e2021053458. <https://doi.org/10.1542/peds.2021-053458>
- Sibanda, E. L., d'Elbée, M., Maringwa, G., Ruhode, N., Tumushime, M., Madanhire, C., Ong, J. J., Indravudh, P., Watadzaushe, C., Johnson, C. C., Hatzold, K., Taegtmeier, M., Hargreaves, J. R., Corbett, E. L., Cowan, F. M., & Terris-Prestholt, F. (2019). Applying User Preferences to Optimize the Contribution of HIV Self-Testing to Reaching the "First 90" Target of UNAIDS Fast-Track Strategy: Results from Discrete Choice Experiments in Zimbabwe. *Journal of the International AIDS Society*, 22, e25245. <https://doi.org/10.1002/jia2.25245>
- Spector-Bagdady, K., & Mello, M. M. (2022). Protecting the Privacy of Reproductive Health Information after the Fall of Roe V Wade. *JAMA Health Forum*, 3, e222656. <https://doi.org/10.1001/jamahealthforum.2022.2656>
- Stone, C., & Smith, J. P. (2022). The Visibility of Breastfeeding as a Sexual and Reproductive Health Right: A Review of the Relevant Literature. *International Breastfeeding Journal*, 17, Article No. 18. <https://doi.org/10.1186/s13006-022-00457-w>
- Tebb, K. P., & Brindis, C. D. (2022). Understanding the Psychological Impacts of Teenage Pregnancy through a Socio-Ecological Framework and Life Course Approach. *Seminars in Reproductive Medicine*, 40, 107-115. <https://doi.org/10.1055/s-0041-1741518>
- Treder, K., White, K. O., Woodhams, E., Pancholi, R., & Yinusa-Nyahkoon, L. (2022). Racism and the Reproductive Health Experiences of US-Born Black Women. *Obstetrics & Gynecology*, 139, 407-416. <https://doi.org/10.1097/AOG.0000000000004675>
- Waqatakirewa, L., Sharma, M., Danawi, H., & Gali, A. R. (2022). Social Cognitive Theory Constructs That Predict Betel Nut Chewing among Secondary Students in the Solomon Islands. *Journal of Sustainable Social Change*, 14, 1-14. <https://doi.org/10.5590/IJOSC.2022.14.1.01>
- Xiang, B., Wong, H. M., & McGrath, C. P. (2022). The Efficacy of Peer-Led Oral Health Programs Based on Social Cognitive Theory and Health Belief Model among Hong Kong Adolescents: A Cluster-Randomized Controlled Trial. *Translational Behavioral Medicine*, 12, 423-432. <https://doi.org/10.1093/tbm/ibab142>
- Zaami, S., Del Rio, A., Negro, F., Varone, M. C., Marinelli, S., & Montanari Vergallo, G. (2022). The March 2021 Italian Constitutional Court Ruling on Surrogacy: A Prelude to Common European Legislation for the Sake of Reproductive Health? *The European Journal of Contraception & Reproductive Health Care*, 27, 61-66. <https://doi.org/10.1080/13625187.2021.1987411>