Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

The U.S. Preventive Services Task Force (Task Force) has issued a final recommendation statement on Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections.

This final recommendation statement applies to all sexually active adolescents (teens ages 12-18) and to adults who are at increased risk for getting or passing on a sexually transmitted infection (STI).

What are sexually transmitted infections (STIs)?

STIs are infections caused by bacteria, parasites, and viruses that are passed from one person to another, usually through sexual activity.

Facts About Sexually Transmitted Infections

STIs are serious health problems in the United States. About 20 million cases happen each year, with about half of them occurring in those ages 15 to 24 years old. There are more than 20 types of STIs, including chlamydia, gonorrhea, genital herpes, HIV/AIDS, human papillomavirus (HPV), and syphilis.

Risk factors for STIs include already having an STI, having had an STI within the past year, not correctly and consistently using a condom, or having multiple sex partners.

People with STIs often do not have symptoms and can unknowingly pass on the infection to a partner. If an STI is not treated, it can lead to severe conditions, such as pelvic inflammatory disease (a bacterial infection in a woman's uterus, fallopian tubes, ovaries, or pelvis), infertility, cancer, and death.

The chances of getting an STI can be reduced by decreasing risky behaviors (such as unprotected sex or having sex with more than one partner) and by increasing protective behaviors (such as using a condom correctly and consistently, or not having sex).

Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

Counseling to prevent STIs involves providing basic information about STIs and how they are passed from one person to another. It also involves assessing a person's risk of getting or spreading an STI and reducing risks by sharing information. Counseling can help people develop skills to reduce the chances of getting an STI. These skills include using condoms correctly and consistently, talking with partners about safe sex, problem-solving, and goal-setting.
STI education and counseling can be done in several ways:

- One-on-one conversations with a health care professional or counselor, aimed at motivating a sexually active person to practice safe sex behaviors. These conversations may be more effective when they are tailored to a person’s age, gender, race, and ethnicity.

- Educational materials and phone conversations can also help people reduce their risk for getting or spreading an STI.

Doctors, nurses, or health educators can provide the counseling or they can refer patients to trained behavioral counselors. Counseling also can be offered by community organizations, schools, or health departments. The Task Force found that high-intensity counseling (more than 2 hours) is the most effective, although some moderate-intensity (30 minutes to 2 hours) and low-intensity (less than 30 minutes) counseling showed benefits as well.

**Potential Benefits and Harms of STI Behavioral Counseling**

The Task Force reviewed studies on the potential benefits and harms of behavioral counseling to prevent STIs. They found that behavioral counseling can reduce the chances that a sexually active teen or an at-risk adult will get an STI because it helps them decrease risky behaviors and increase protective behaviors.

The Task Force found that the harms of counseling to prevent STIs are minimal.

**The Final Recommendation on Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections: What Does It Mean?**

The Task Force’s final recommendation on behavioral interventions to prevent STIs is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It also is based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends a screening (Grade B), it is because it has more potential benefits than potential harms. The Notes explain key ideas.

Visit the Task Force Web site to read the full final recommendation statement. The statement explains the evidence the Task Force reviewed and how it decided on the grade. An evidence document provides more detail about the studies the Task Force reviewed.
The Task Force recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for STIs. Grade B

Notes
1 intensive Counseling that lasts more than 30 minutes.
behavioral counseling Counseling that focuses on helping a person change behaviors to reduce risk. The counseling can be done through one-on-one conversations, videos, written materials, and telephone support.
sexually active Engaging in any kind of sexual activity, including oral, vaginal, and anal sex.
adolescents Youth ages 12 to 18.
at increased risk Having a greater chance of getting or spreading an STI because of risky behaviors such as not using a condom or having more than one sex partner.
STIs Sexually transmitted infections.

Getting Behavioral Counseling for STIs

If you are sexually active, your clinician may talk with you about STIs and your risk for getting or passing on an infection. You may feel reluctant to discuss the issue, but it is helpful to bring it out in the open so that your doctor or nurse can help you. These conversations will help you learn about STIs and the importance of getting screened and treated, if you do have one. They’ll also help you develop skills to reduce your chances of getting an STI. These skills include using condoms correctly and consistently, talking with partners about safe sex, problem-solving, and goal-setting.
What is the U.S. Preventive Services Task Force?

The Task Force is an independent group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, or preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the Task Force Web site.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Recommended.</td>
</tr>
<tr>
<td>B</td>
<td>Recommended.</td>
</tr>
<tr>
<td>C</td>
<td>Recommendation depends on the patient's situation.</td>
</tr>
<tr>
<td>D</td>
<td>Not recommended.</td>
</tr>
<tr>
<td>I statement</td>
<td>There is not enough evidence to make a recommendation.</td>
</tr>
</tbody>
</table>