

Young women's misperceptions about STI testing: A 'clean and clear' misunderstanding

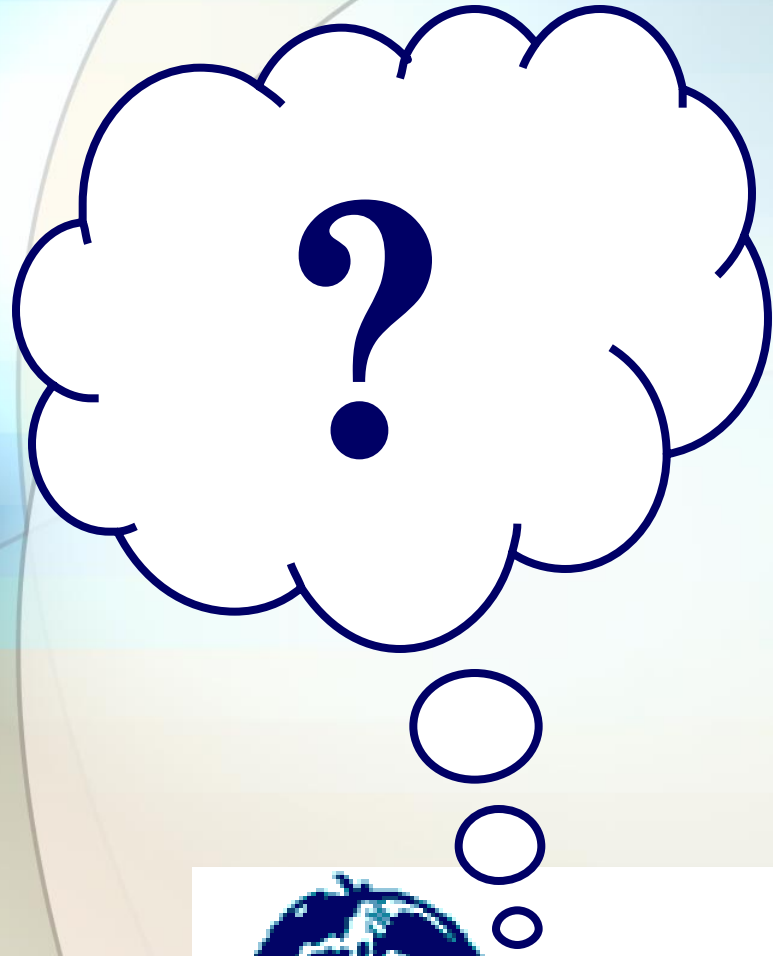
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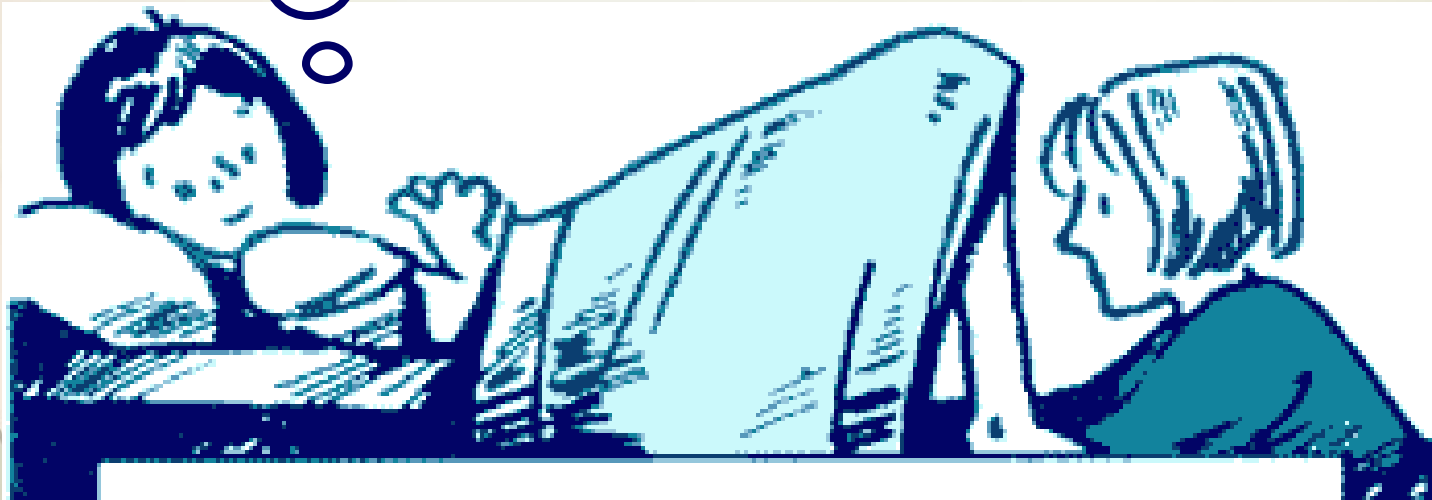
Background

- **Sexually transmitted infections (STIs) → morbidity and mortality**
- **Ages 15-24**
- **Females**
- **STI screening:**
 - **multiple criteria**
 - **non-compliance with criteria**
- **STI care locations:**
 - **primary care provider / gynecologist**
 - **STI clinic**
 - **emergency department**



- **Multiple screening criteria**
- **Multiple care locations**

What do young women think they are being tested for?



Objective

- **An exploratory study investigated young women's understanding of STI testing received during routine gynecologic care**

Methods: Study Design & Sample

- **Cross-sectional study**
- **Convenience sample from University of Kentucky (UK) University Health Services:**
 - **Sexually active women**
 - **Ages 18-24**
 - **Routine gynecologic care**
- **UK IRB approved**

Methods: Data Collection & Measures

- **Self-administered survey**
- **Survey measures:**
 - **Demographics**
 - **Sexual risk behaviors**
 - **Psychological measurement:**
 - **Perceived Stress Scale**
 - **Center for Epidemiologic Studies Depression Scale (CES-D 8)**

Methods: Data Analyses

- **Medical records review**
- **“Clean and Clear” designation**
- **SPSS 14.0, t-test, χ^2 , regression**
- **Preformed median split for non-normal variables**
- **Significance at $\alpha = .05$**

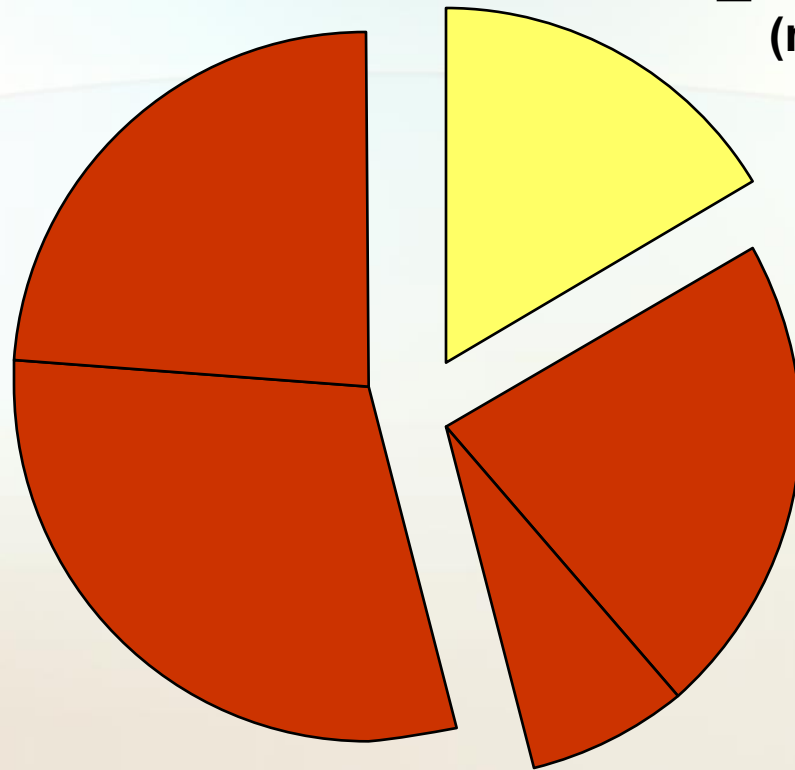
Results: Characteristics of Sample

- **Mean age 20.8 years (± 1.5)**
- **84.4% Caucasian**
- **81.9% metropolitan background**
- **71.3% two parent household**
- **50.9% had ≤ 4 lifetime gynecologic visits**
- **92.6% had received sex education**
- **30.6% previous abnormal pap**
- **19.3% previous STI diagnosis**

Results: Understanding STI Testing

■ ■
Young women
who incorrectly
thought they were
not STI tested
(n=52)

■ Responded
that they were
not tested for
any STIs
(n=23)



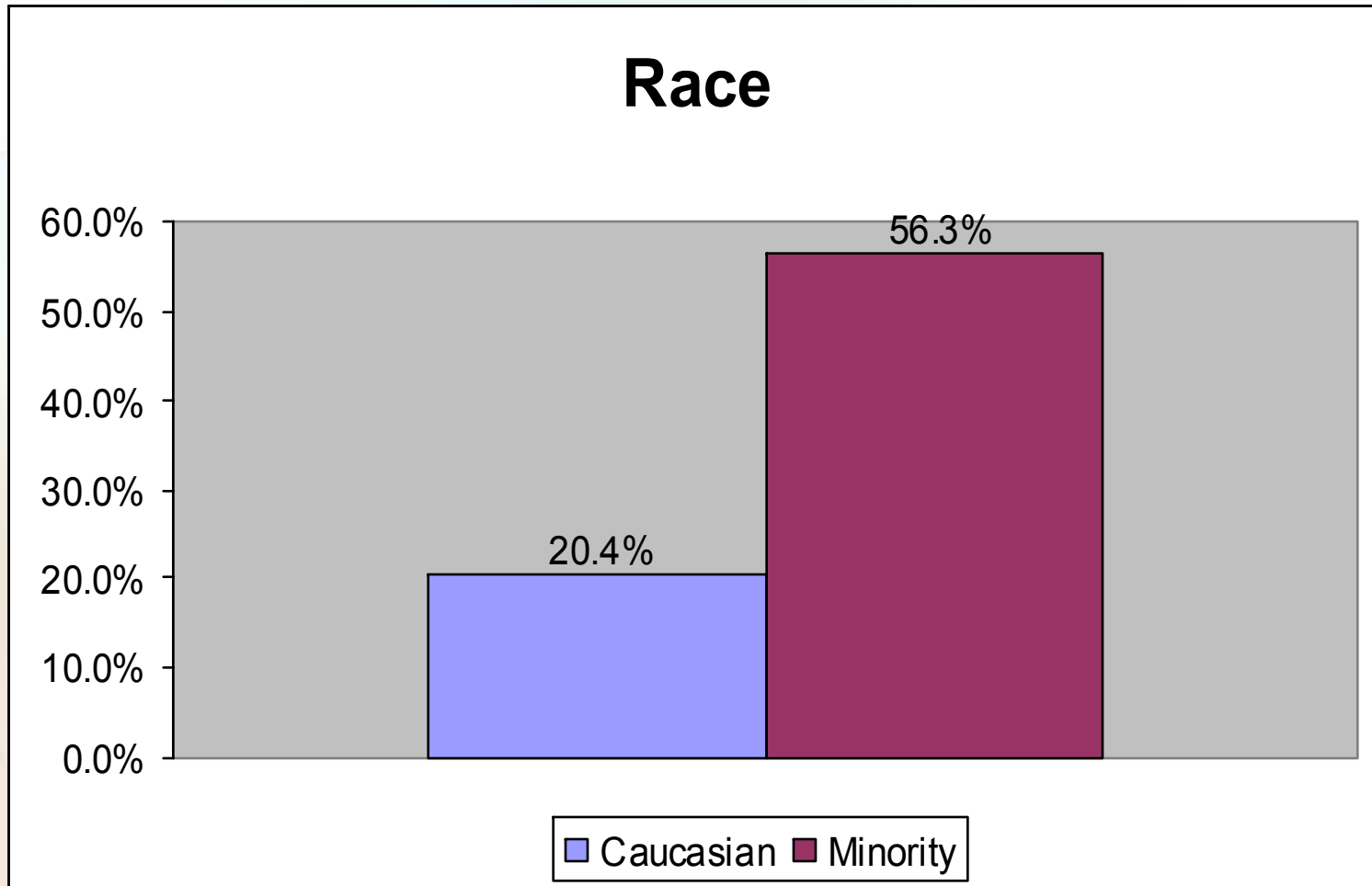
■ Accurate Understanding
(n=16)

■ ■
"Clean and Clear"
Young women who
incorrectly thought they
were STI tested (n=28)

■ Responded that
they were tested
for all STIs (n=7)

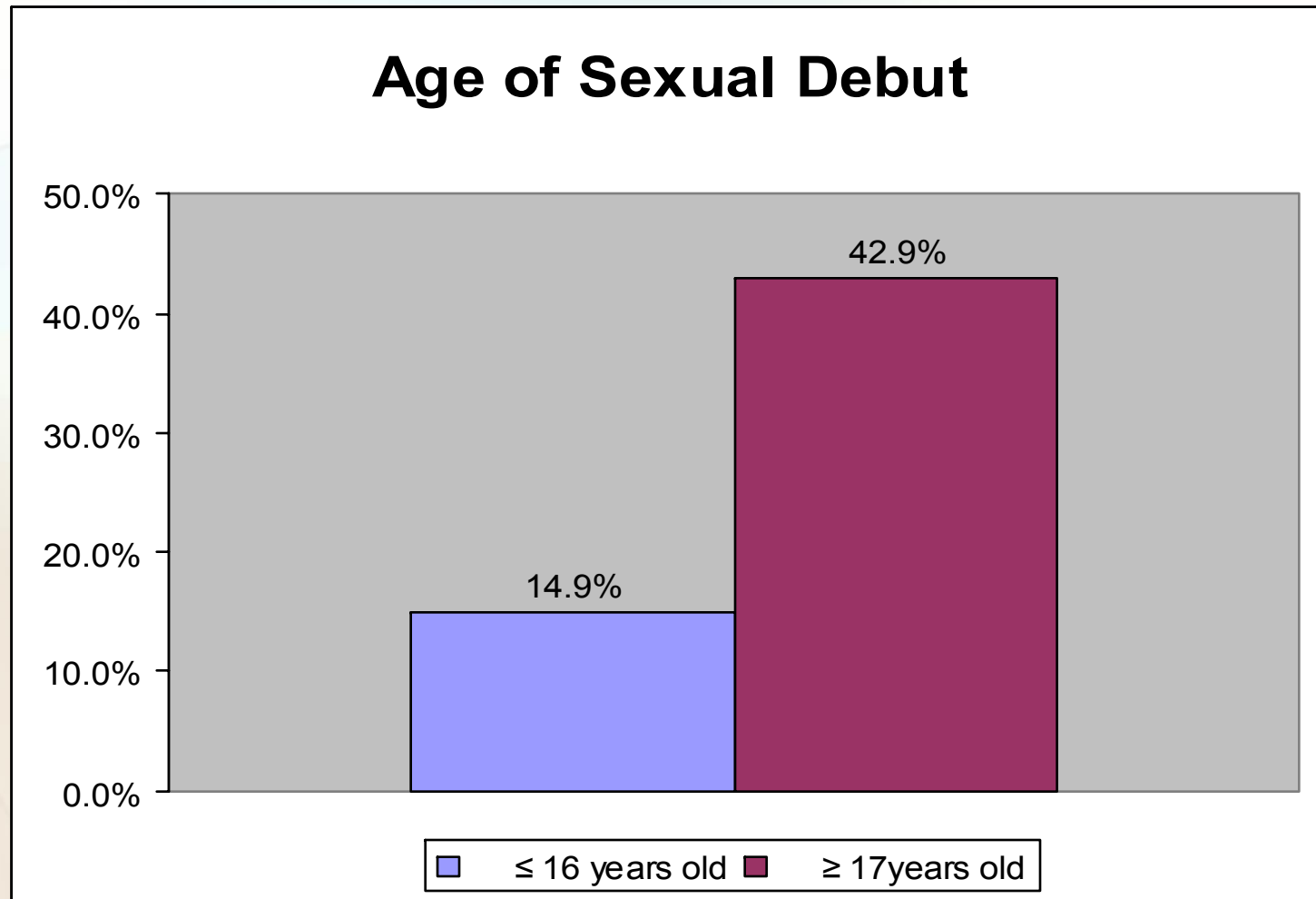
Results: Bivariate Findings

Prevalence ratio (PR) = 2.75, Confidence Interval (CI) = 1.53-4.97, $P = .002$



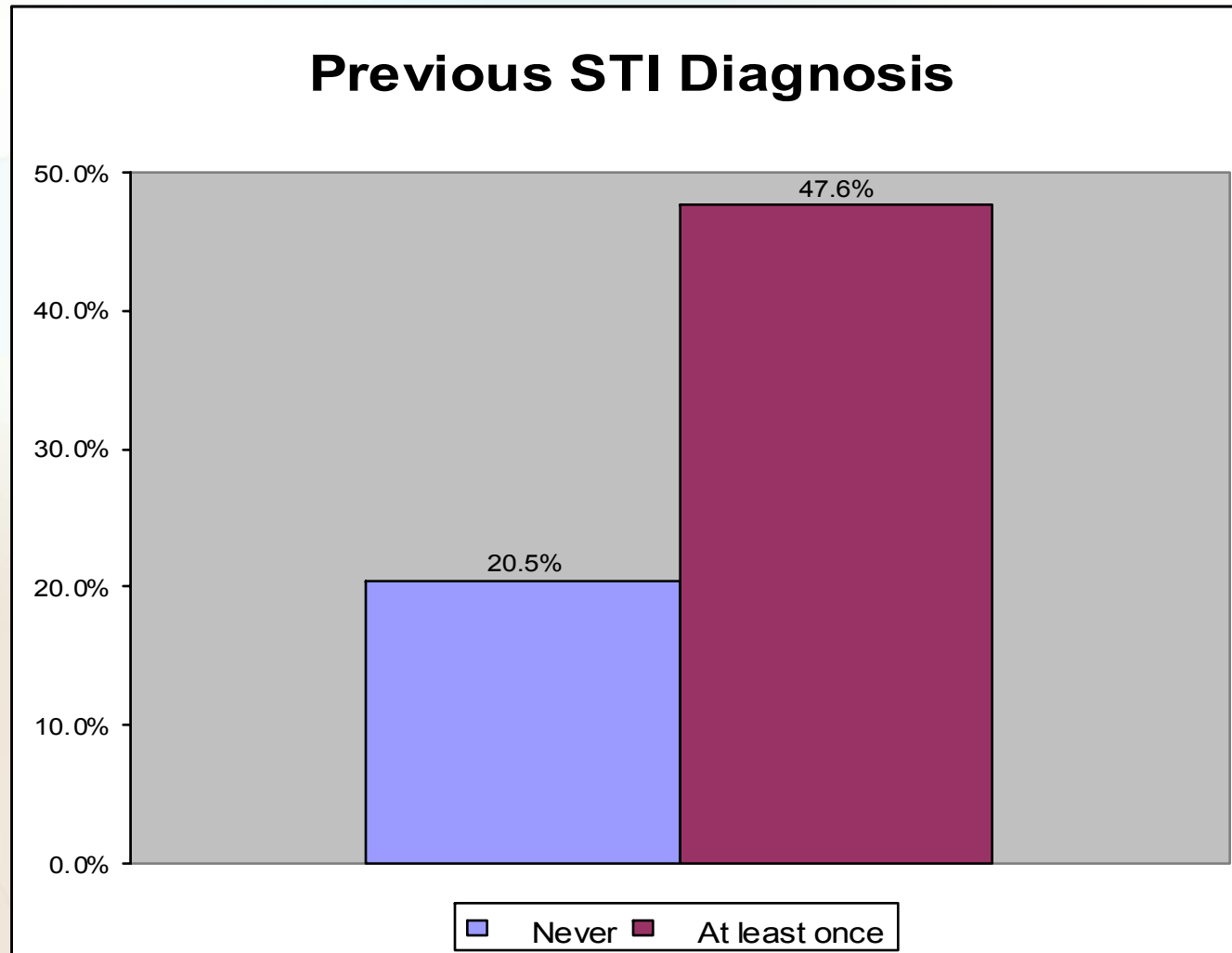
Results: Bivariate Findings

PR = 2.87, CI = 1.47-5.61, P = .001



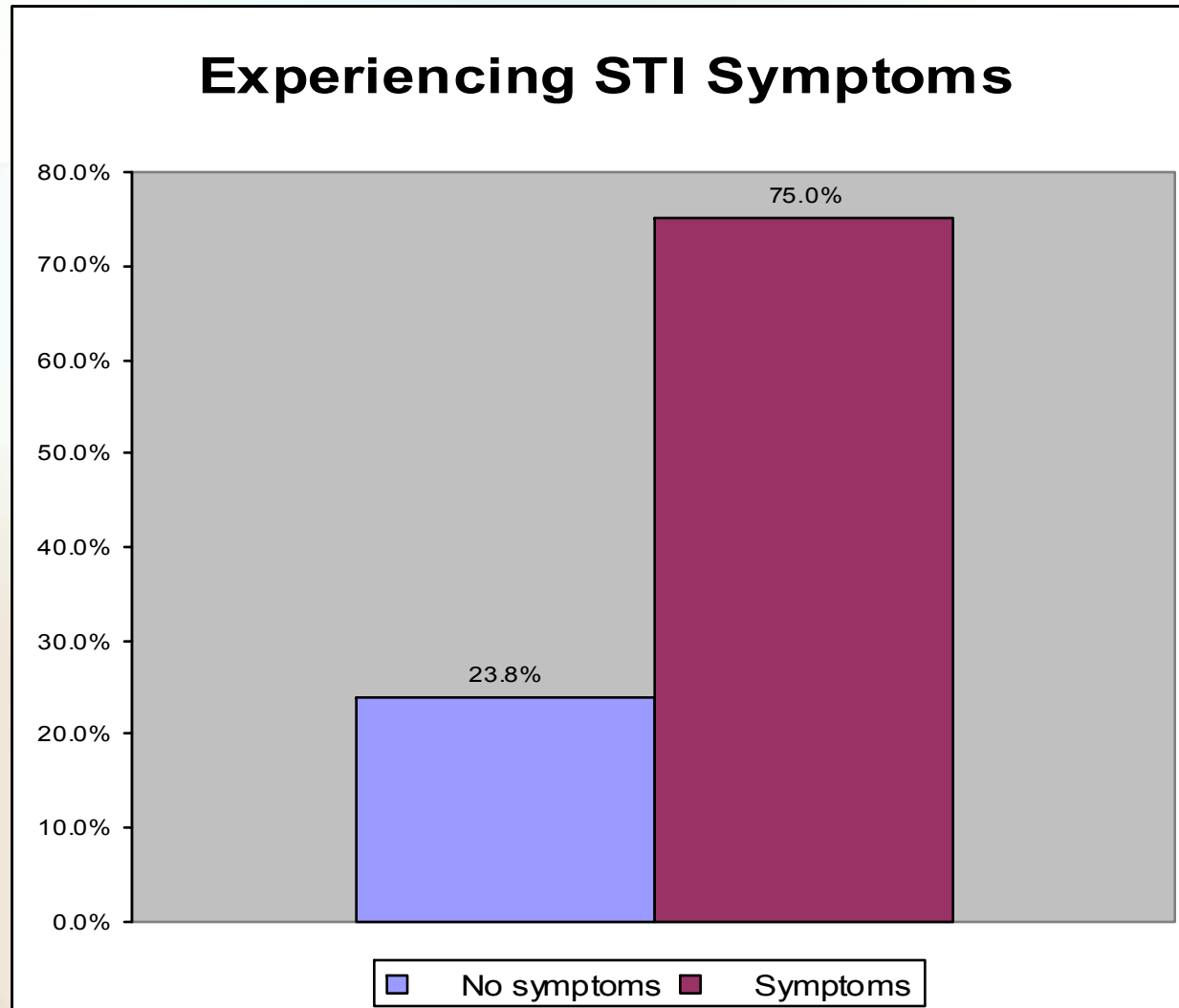
Results: Bivariate Findings

PR = 2.33, CI = 1.27-4.28, P = .01



Results: Bivariate Findings

PR = 3.15, CI = 1.63-6.10, P = .02



Results: Bivariate Findings

- **Screening significance, $\alpha = 0.15$**
 - **Reporting ≥ 5 lifetime gynecological visits ($P=.06$)**
 - **Currently suspecting STI ($P=.07$)**
 - **Depression, as measured by CES-D 8 ($P=.11$)**

Results: Multivariate Analyses

- **Minority race**
(Adjusted Odds Ratio [AOR]=4.84, CI=1.38-16.96, $P=.01$)
- **Younger age of sexual debut**
(AOR=4.67, CI=1.73-12.57, $P=.002$)
- **Previous STI diagnosis**
(AOR=3.38, CI=1.07-10.66, $P=.04$)

Discussion

- **25.7% “Clean and Clear” misperception (e.g., they incorrectly believed they were assessed for STIs)**
- **Potential patient-provider disconnect**
 - **Pelvic Exam vs. Pap Smear**
 - **Routine STI testing**

Discussion

- **Absent-Exempt Hypothesis**
- **Potential consequences:**
 - **Less protective sexual behavior**
 - **STI progression**
 - **STI transmission**
 - **Propensity to seek healthcare**
 - **Patient-provider communication**

Discussion

- **Previous STI diagnosis**
 - **Possible faith in routine testing**
 - **Possibly request testing for “all STIs”**
- **Implications for practice**
 - **Gynecologic exams as teachable moments**
 - **Gap in sex education**

Limitations

- **Cross-sectional, convenience sample**
- **Self-reported data of sensitive behaviors**
- **Eligibility screening**
 - **Sample bias towards less accuracy**
- **HPV vaccine social marketing**

Conclusions

- **Young women...**
 - **may have inaccurate understanding of STI testing during routine gynecologic care**
 - **may operate under a “Clean and Clear” misperception**
 - **Minority race, earlier age of sexual debut, previous STI diagnosis correlated to “Clean and Clear” misperception**

Conclusions

- **Further investigation:**
 - **women's sexual risk behavior**
 - **propensity to seek sexual healthcare**

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