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Original article

## Sexually Transmitted Infection Testing Among Adolescents and Young Adults in the United States



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### A B S T R A C T

**Purpose:** Persons aged 15–25 years have high sexually transmitted infection (STI) rates and suboptimal screening. There has been limited research analyzing barriers to STI testing at a national level. We examined STI testing among 15–25 year olds and reasons for not testing.

**Methods:** We used data from a national survey of youth. Bivariate and multivariable analyses examined differences in testing behaviors by demographics, separately by sex. Among sexually experienced respondents who reported never being tested, health system–related reasons for not testing were examined in bivariate and multivariable analyses.

**Results:** Females (16.6%) were more likely to have ever been tested compared with males (6.1%,  $p < .01$ ) in the last 12 months. Among sexually experienced respondents who were never tested, 41.8% did not seek testing because they felt they were not at risk for STIs. Males (60.1%) had significantly higher reports of foregoing testing for confidentiality reasons compared with females (39.9%,  $p < .01$ ). Non-Hispanic whites (44.9%) the highest reports of this compared with other ethnic/racial groups ( $p < .01$ ).

**Conclusions:** This national-level study found that most of the 15–25 year olds never received an STI test. In addition, confidentiality concerns may deter youth from seeking STI testing. Appropriate strategies to minimize these concerns may be useful. Potential strategies to ameliorate these issues may include engaging clinicians who frequently serve adolescents and young adults to address confidentiality issues with youth patients.

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### IMPLICATIONS AND CONTRIBUTION

This study highlights the lack of sexually transmitted infection (STI) testing and barriers to such testing among adolescents and young adults, nationally. Confidentiality concerns, missed opportunities for STI testing, and costs were found to be important barriers to testing. Understanding these barriers at a national level is critical given the high risk of STIs in this group.

Adolescents and young adults aged 15–25 years have one of the highest burden of reported sexually transmitted infections (STIs) and those who are sexually active account for approximately half of reported STI cases annually [1]. Receipt of STI services including screening, treatment, and counseling remains suboptimal in this group [2–4]. A national survey of reproductive

age women found no change in the receipt of STI services among adolescents from 2002 to 2006–2010 and a decrease in receipt of services from public clinics among U.S. women aged 15–44 years over time [2].

One goal of the Affordable Care Act (ACA) is to improve U.S. health care coverage for all Americans by helping reduce barriers to accessing medical care [5]. The Congressional Budget Office estimates that ACA will ultimately lower the number of uninsured by 26 million by 2017 [5,6]. Further reducing financial barriers to accessing preventive services, ACA included a provision of the law allowing dependents to obtain health insurance

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through a parent's plan until the age of 26 years [5]. Although this provision may increase access to STI services by helping lessen financial barriers, adolescents and young adults still may not seek STI services given fear and stigma surrounding STIs [6–9]. A few studies have shown that adolescents view confidentiality as a key concern in seeking general medical care and/or STI testing in a pediatric setting [7]. Specifically, one study of general health care found that patients may delay or forego treatment, or provide inaccurate information regarding clinical symptoms and the onset of illness for reasons related to confidentiality [7,9]. Another study of STI testing in a pediatric setting found that a common reason adolescents report going without health care services was that they did not want their parents to know (17%) [9]. A separate study examining factors associated with adolescent access to general health care services found similar results where 35% of adolescent respondents did not seek services for fear that parents would find out [10]. Although there have been a few studies assessing the effect of confidentiality concerns on sexually transmitted disease (STD) testing from the adolescent perspective, most of these studies are older. In addition, findings may not be as relevant to young adults given recent health policy changes that allow young adults to remain on their parents' insurance plan. Our study aims to provide a current assessment of STD testing behaviors among adolescents and young adults including potential barriers to testing.

Research has shown that adolescents and young adults may avoid seeking health services for various reasons; however, to our knowledge, there is a lack of current research examining both STI testing and barriers to accessing STI testing at health clinics at a national level. The purpose of this study was to examine STI testing, including testing location, among adolescent and young adults in the United States. We also examined reasons for not getting an STI test with a focus on factors associated with the health care system and confidentiality.

## Methods

### Sampling frame

Our study is a secondary analysis of data from the Get Yourself Tested (GYT) campaign survey. The survey evaluated the impact of the GYT campaign on adolescents (15–19 years) and young adults (20–25 years) and assessed current health-seeking behaviors [11]. A sample of households from KnowledgePanel, (GfK, Blue Ash, OH) a probability-based Web panel designed to be representative of 97% of U.S. households, was selected for inclusion in the study [12]. The study sample included noninstitutionalized adolescents and young adults who participated in the survey August 10 through September 19, 2013 [11]. Respondents who were at least 18 years old at enrollment provided informed consent [11]. For participants younger than 18 years, parents or guardians provided consent for participation [11]. For the original survey, Centers for Disease Control and Prevention's (CDC) National Center for HIV/AIDS, Viral Hepatitis, STI, and TB Prevention's ethics review determined that the survey was exempt as it was part of a program evaluation. This secondary analysis was approved by the CDC institutional review board.

The GYT survey included information on participant demographics and sexual behaviors. Although the actual GYT survey instrument used the term sexually transmitted disease, for our purposes, we have used the term sexually transmitted infection. For this analysis, we used the following demographic

variables: age, sex, race/ethnicity, income, financial dependence on parents, education, U.S. region, and insurance status. Race/ethnicity was recoded into the following groups: Hispanic, non-Hispanic white, non-Hispanic black, and other (includes those who reported multiple races). Income was asked of parents if the respondent was aged <18 years and was recoded using median income level for a household of four based on the 2011 American Community Survey—\$50,502 [13]. As STIs are related to sexual behaviors, we also examined whether respondents ever had sex (“sexually experienced”), their age at first sex, and number of lifetime partners. Sex was defined as oral, vaginal, or anal sex.

To evaluate access to STI services, we examined STI testing, location of STI testing, context of STI test, reasons for testing, and potential barriers to accessing STI testing including issues related to confidentiality. With the exception of last testing location, STI testing was limited to the last 12 months and was measured by responses to the question “Have you ever been tested for STIs other than HIV, such as chlamydia or gonorrhea?” Location of the most recent STI test was also asked of respondents who have ever been tested in their lifetime. For this analysis, those who reported seeing an obstetrics and gynecology doctor were recoded as private physician. The context of STI testing was determined by responses to the question, “The last time you were tested for STIs other than HIV, did you specifically go to get tested for STIs or did it happen as part of another type of visit?” In addition, respondents were asked the reasons why they received the last STI test; these response were recoded into “suspected an STI” and “my health care provider suggested I get tested.” Respondents who had not had an STI test were provided with a list of possible reasons (mark all that apply); the variable was recoded into separate yes/no variables. Reasons related to confidentiality and health system factors were analyzed for this analysis and include: “don't want parents to find out,” “concerned about confidentiality,” “doctor or health care provider has never suggested it,” “embarrassed or difficult to ask to be tested,” and “cost or lack of insurance.” “Don't want parents to find out” and “concerned about confidentiality” were combined into “confidentiality concerns” for this analysis. Responses listed as “other” that reported cost or insurance as barriers were included in the cost or insurance barrier reason.

### Statistical analysis

Rao–Scott chi-square tests were used to compare STI testing by several demographic and sexual behavior measures included in this study. Given differences in existing STI screening guidelines for men and women, analysis of testing behavior was examined separately for female and male respondents [2]. Among those who ever had sex (sexually experienced), multivariable analyses were conducted to examine predictors of testing after adjustment for variables examined in bivariate analyses.

For sexually experienced adolescents and young adults, Rao–Scott chi-square tests were used to analyze location of the most recent STI test among those who had never been tested by demographic characteristics, testing context, and reasons given for getting tested. In addition, among those sexually experienced participants who reported not being tested and who did not report that they were “not at risk for STIs,” health system–related reasons for not getting tested were analyzed by demographic characteristics. Bivariate chi-squares were conducted to examine each reason for not testing by demographics,

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