

Original article

Self-report of sexually transmitted infections from 1994 to 2010 by adults living in France

Infections sexuellement transmissibles déclarées entre 1994 et 2010 par les adultes vivant en France

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Abstract

Background. – Since 1994, French population-based knowledge, attitudes, beliefs and practices surveys have enabled researchers to estimate trends in sexual behavioural indicators.

Methods. – We estimated trends and prevalence of self-reported sexually transmitted infections during the previous 5 years among 16,095 sexually active adults aged 18–54 through five cross-sectional telephone surveys between 1994 and 2010. We then studied the factors associated with participants' most recent sexually transmitted infections other than genital candidiasis.

Results. – Overall, 2.5% (95% confidence interval: 2.2%–2.9%) of women reported sexually transmitted infections within the previous 5 years, increases being continuously reported between 1998 and 2010. In contrast, men reported lower prevalence of sexually transmitted infections (1.4%; 95% confidence interval: 1.1%–1.7%), which remained stable over time. General practitioners and gynaecologists managed most sexually transmitted infections. Men notified their stable partners about infection less often than women (66% vs. 84%). Self-reported sexually transmitted infections were associated with younger age, multiple sexual partnerships and fear of sexually transmitted infections in both genders, with exclusively homosexual practices in men, and with a high educational level and recent HIV testing in women.

Conclusion. – Self-reported sexually transmitted infections clearly reflect risky sexual behaviours. The lower prevalence of self-reported sexually transmitted infections among men than among women may reflect less access to screening activities for sexually transmitted infections in men.

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Keywords: Sexually transmitted infections; Cross-sectional telephone surveys; Behavioural risk factors

Résumé

Position du problème. – Depuis 1994, des enquêtes réalisées en France au sein de la population générale sur les connaissances, les attitudes, les croyances et les pratiques ont permis d'estimer l'évolution d'indicateurs du comportement sexuel.

Méthodes. – Nous avons estimé la prévalence des infections sexuellement transmissibles déclarées au cours des 5 années précédentes parmi 16 095 adultes sexuellement actifs âgés de 18–54 ans lors de cinq enquêtes téléphoniques transversales réalisées entre 1994 et 2010. Nous avons ensuite étudié les facteurs associés aux infections sexuellement transmissibles les plus récentes en dehors des mycoses.

Résultats. – Globalement, 2,5 % (intervalle de confiance à 95 % : 2,2 %–2,9 %) des femmes ont déclaré des infections sexuellement transmissibles dans les 5 années précédentes, avec une augmentation continue de cette prévalence entre 1998 et 2010. En revanche, cette prévalence était plus faible chez les hommes (1,4 % ; intervalle de confiance à 95 % : 1,1 %–1,7 %) et est restée stable au cours du temps. Les médecins généralistes et les gynécologues ont pris en charge la plupart des infections sexuellement transmissibles. Les hommes ont notifié leur infection à leurs partenaires stables moins souvent que les femmes (66 % contre 84 %). Les infections sexuellement transmissibles déclarées étaient

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associées au jeune âge, au multipartenariat sexuel et à la crainte des infections sexuellement transmissibles pour les hommes et les femmes ; aux pratiques exclusivement homosexuelles pour les hommes ; au niveau d'éducation élevé et à la pratique récente d'un dépistage VIH chez les femmes.

Conclusion. – Les infections sexuellement transmissibles rapportées reflètent clairement des comportements sexuels à risque. La plus faible prévalence des infections sexuellement transmissibles déclarées chez les hommes que chez les femmes peut s'expliquer par un moindre accès aux activités de dépistage de ces infections chez les hommes.

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Mots clés : Infections sexuellement transmissibles ; Sondages téléphoniques transversaux ; Facteurs de risque comportementaux

1. Introduction

Sexually transmissible infections (STIs) remain a major public health issue worldwide. They can cause severe illnesses, disabilities and infertility and therefore affect both medical and psychological health. They also facilitate HIV transmission [1]. According to 2008 World Health Organization estimates [2], approximately 500 million new cases of curable STIs occur annually worldwide in adults aged 15–49 years.

Following the AIDS prevention campaigns in the 1980s and early 1990s, the number of new cases of gonorrhea and syphilis fell in several Western European countries, including France. This decline is explained by a decrease in risky sexual behaviours [3]. The availability of highly efficient antiretroviral therapies in the mid-1990s was accompanied by a resurgence in risky sexual behaviours among men who have sex with men (MSM) [3–5] and an increase in cases of gonorrhea and syphilis both in Western Europe [3,4] and the USA [5] especially among MSM. While the general trend in Europe is a decline for both infections since the mid-2000s [6], incidence of gonorrhea in some Western European countries continued to increase [6,7].

In France, we have observed an increase in gonococcal and chlamydial infections in men and women since the late 1990s [8–10]. There is no organized screening program for STIs in France, apart from the compulsory screening for syphilis in pregnant women. However, opportunistic screening for chlamydial infection is recommended in France for women under 25 years of age and men under 30 years of age who consult in family planning centers or STI clinics. The recommendation is only partially followed: chlamydia screening is offered in practice in some STI clinics, primarily to young women. The vaccine against human papillomavirus (HPV) has been recommended in France since March 2007 for girls at the age of 14 years (at this time, the quadrivalent vaccine was the only one available). The vaccine coverage is low: at the end of 2011, 45% of girls aged 15–17 years had begun HPV vaccination, and 30% had received the full vaccination scheme [11].

Several data sources are used to monitor trends in bacterial STIs in France through clinicians and laboratory sentinel networks [10]. However, no source makes it possible to link the prevalence of STIs with behaviours. Population-based surveys collecting self-reported STIs represent interesting alternatives for such information, in addition to epidemiological surveillance data [12]. They have the advantage of producing representative estimates of the population. Specific studies

on self-reported STIs have been conducted among at-risk populations, particularly among MSM [13,14], but repeated studies in the general population are very rare. Through the analysis of repeated French population-based “knowledge, attitudes, beliefs and practices” (KABP) surveys on HIV and STIs, the objectives of this study were to estimate trends and risk factors associated with self-reported STIs among sexually active adults from 1994 to 2010, and to highlight the circumstances of diagnosis.

2. Methods

2.1. Study population

KABP surveys have been described elsewhere [15,16]. Briefly, adults were randomly selected for a phone interview in five surveys in 1994, 1998, 2001, 2004 and 2010, using a standardized questionnaire administered by a computer-assisted telephone interview. For each survey, a two-stage sample was selected:

- a random sample of telephone numbers;
- a random selection of one person among all French-speaking adults aged 18–69 living in each telephoned household.

Phone interviews were carried out anonymously and approved by the National Data Protection Authority.

Overall, participation rates ranged from 63.1% to 80.9% depending on the survey year [16]. In 2010, this rate was 67.2% and 65.0% for the landline and cell-phone subsamples respectively. Respondents were asked about their knowledge, beliefs, behaviours and practices concerning HIV/AIDS, as well as their history of STIs. The section of the questionnaire related to STIs has never been analysed comprehensively nor published before. As only respondents between 18 and 54 were interviewed in 2001, we limited the overall analysis to this age range ($n = 16,910$). We also restricted our analysis to respondents who reported during their interview that they had at least one sexual partner during the previous 5 years ($n = 16,095$) (Fig. 1).

2.2. Variables

The primary outcome variable was the most recent self-reported STI reporting in the previous 5 years when interviewed and its type (“Have you ever had a disease or infection

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