

Original Studies

Are Adolescent Girls with Chlamydia Infection Notifying Their Partners?

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Abstract. *Objectives:* (1) To determine the proportion of inner-city adolescent girls diagnosed with chlamydial cervicitis who notify their sex partners; (2) to examine girls' attitudes and perceptions about partner notification and treatment; and (3) to assess whether or not girls knew if their partners were treated for chlamydia infection.

Design/Methods: Adolescent girls who had a positive DNA hybridization test for chlamydial cervicitis from March 2000 to May 2002 completed a 37-item self-administered survey assessing sexual behavior and partner notification, as well as the Rosenberg self esteem scale. Subjects completed the survey 1–3 months after the diagnosis of chlamydia infection.

Results: Fifty-five adolescent girls (46% Hispanic, 36% African American) aged 13–21 years (mean 18.3 years) completed the survey. The median age at first intercourse was 14 ($SD = 1.6$); median number of lifetime sex partners was 4. Forty-one subjects (75%) notified their sex partners. The most common reasons for partner notification were "I did not want my sex partner to give the infection back to me" and "I wanted to let my sex partner know that he/she had given me the infection". There was a trend toward increased notification if the girls were 18 years of age or older ($P = 0.07$) or had only one lifetime sex partner ($P = 0.08$). Of the 41 subjects who notified their partners, 22 (54%) reported that the partners were treated; 16 did not know, and three knew that partners were not treated.

Conclusions: The majority of inner-city girls in this study notified their partners about chlamydia infection. Self-protection from re-infection was an important reason given for notification and suggests that girls in committed ongoing relationships might be more likely to notify partners.

Key Words. Chlamydia trachomatis—Cervicitis—Sexually transmitted infection—Partner notification—Partner treatment—Adolescents—Contact tracing

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Introduction

Chlamydia trachomatis is one of the most common sexually transmitted bacterial infections (STI) found in adolescents. Like many sexually transmitted organisms, it frequently causes no obvious symptoms, but may result in considerable morbidity including pelvic inflammatory disease, ectopic pregnancy, and infertility.^{1–3} Sexually active adolescent girls are at high risk for genital chlamydia infection and for recurrent infections.^{4–6} Prevalence estimates of asymptomatic chlamydia infection in adolescent girls ranges from 7% to 29% and 16% to 18% of adolescent girls have a repeat infection, with a median time interval of approximately 6 months.^{6–9} Partner notification and treatment is key to prevention of recurrent infection. However, given the high rate of recurrence of chlamydia infection, it is likely that partner notification and treatment are often unsuccessful.^{10,11}

There are many reasons that may prevent adolescent girls from notifying their sex partners about a chlamydia infection. For instance, girls may be fearful that their partners will accuse them of infidelity. Also, girls may fear that their partners might break off the relationship after hearing about the infection. One study by Rosenthal and colleagues found that fear of break up was a common reason that girls gave for not notifying sex partners about STIs.¹² In addition, adolescent girls with low self-esteem may be fearful and less assertive and less likely to notify their partners about infection compared to those with high self-esteem.

Partner notification may be accomplished in three ways: by the patients themselves (patient self-referral); through providers (health provider referral); or through the public health department.¹³ The patient self-referral method is less time consuming, less costly and provides privacy for the patient whereas health provider referral is more costly and requires trained staff members to carry out the task.¹⁴ Public health department

notification is also costly but is useful when providers feel that they have inadequate time or experience in the notification process and when the public health risk is high. Most clinicians rely on the patient self-referral method of partner notification for chlamydia infection since it offers privacy and is less costly.¹⁴⁻¹⁶

It is important for clinicians to understand the barriers that adolescent girls may perceive about partner notification and what transpires between adolescent girls and their sex partners at the time of notification. The information obtained can guide clinicians to better educate and counsel adolescents about how to tell their partners they are infected. So far, there are limited data available on adolescent girls' attitudes and perceptions about partner notification and treatment. Most studies on partner notification focus on adult populations.¹⁷⁻²¹

The purposes of this study were: (1) to determine the proportion of inner-city adolescent girls diagnosed with chlamydial cervicitis who notify their sex partners, (2) to examine girls' attitudes and perceptions about partner notification and treatment, and (3) to assess whether or not girls knew if their partners were treated for chlamydia infection.

Method

Study Population and Setting

Adolescent girls aged 13–21 years old who had chlamydia cervicitis diagnosed by clinical exam plus a positive DNA hybridization test (Gen-Probe) were recruited to participate in the study. Subjects were recruited from clinics in adolescent medicine, teen pregnancy, and pediatric primary care as well as from the pediatric emergency department at a large inner-city medical center. All positive Gen-Probe tests for chlamydia in girls 13–21 years old in the time period March 2000 to May 2002 were identified from laboratory records. Clinic appointment records were consulted to determine timing of follow-up visits. At the follow-up visit, an investigator approached the subject for inclusion in the study. Subjects completed the study questionnaire at this "test of cure" visit 1 to 3 months after they were diagnosed with a positive chlamydia test. This 1 to 3-month interval allowed adequate time for the girls to have notified their sex partners. Laboratory records of subjects were subsequently reviewed to note how many had recurrent infection at the time of the study enrollment visit. In our institution, we rely on the patient self-referral method of partner notification. In the clinics where our subjects were treated, clinicians are trained to advise each patient with a sexually transmitted infection to notify partners. The study was carried out with approval from the Institutional Review Board of Montefiore Medical Center.

Study Design

From laboratory records, we identified a total of 165 adolescent girls with positive Gen Probe tests for chlamydia in the 2-year time period 3/00–05/02. Fifty-five (33%) of these girls participated in the study. Of the 110 who did not participate, the majority, 87 (79%) were initially diagnosed in the pediatric emergency department. Reasons for lack of participation included: follow-up visit not scheduled at the medical center because primary care provider not affiliated, failure to return for the follow-up visit, and inability of staff to recall the patient due to confidentiality issues. There were no significant age differences between girls who participated in the study and those who did not (18.3 years vs 18.6 years, respectively). The mean time interval between diagnosis of chlamydia infection and administration of the survey was 1.9 mo ($SD = 0.9$).

Measures

The questionnaire contained questions in four domains: demographics, sexual behavior, partner notification and treatment, and a self-esteem scale. The four questions addressing subject demographics were taken verbatim from the validated Youth Risk Behavior Surveillance survey developed by the Centers for Disease Control and Prevention.²² An additional seven questions about sexual behavior were taken from the "Adolescent Perception of Pregnancy Risk" questionnaire developed by Gold and Coupey and used with a similar inner-city population.²³ To explore issues related to partner notification and treatment, we developed a set of questions based on individual interviews and a focus group. Initially, we used open-ended questions to individually interview four adolescent girls diagnosed with chlamydia cervicitis (mean age 17.5 yrs), exploring in detail the girls' decision-making around the task of partner notification. Next, we conducted a small focus group with two girls aged 15 and 16 years for about 45 minutes using open-ended questions in a similar manner to the individual interviews. Based on the information obtained in these preliminary interviews, we developed a series of 16 questions about partner notification. We then field-tested these questions on three additional girls to ensure that they were easily comprehended.

The 10-item Rosenberg Self-Esteem Scale also was incorporated into the questionnaire.²⁴ Each item from the Rosenberg Self-Esteem scale can be scored from 1 to 4: 1 represents the lowest score and 4 is the highest score. Therefore, a person who has the highest self esteem would get a total score of 40 whereas the person with the lowest self esteem would get a total score of 10.

Data Analysis

Descriptive analysis was performed to examine the distribution of characteristics in two groups of subjects,

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