

More than 12 million new cases of sexually transmitted diseases (STDs) other than HIV/AIDS, including three million among teenagers alone, occur every year. At current rates, at least one person in four will contract an STD at some point in his or her life. With as many as 56 million individuals - more than one in five Americans - estimated to be currently infected with an incurable viral STD such as herpes or genital warts, STDs remain a serious health threat in this country. In fact, STD rates in the United States are the highest in the industrialized world, and are higher than in some developing countries.

While public education efforts by the Centers for Disease Control and Prevention (CDC) and the American Social Health Association (ASHA) along with the release of studies such as the one issued November 1996 from the Institute of Medicine (IOM), *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, have helped to focus greater national attention on the STD epidemic, the general public remains largely unaware of the prevalence and risk of STDs. In a Kaiser Family Foundation survey conducted at the time of the release of the IOM report, less than a quarter of Americans over the age of 18 when asked what STDs they were aware of, named chlamydia - the most common STD and, according to the CDC, the most prevalent reportable infectious disease of any kind. Just 2 percent could name trichomoniasis or 'trich,' the STD with the second highest incidence in the U.S., at 3 million estimated cases annually. One in ten respondents could not name any STDs. Perhaps even more disconcerting was how limited most Americans knowledge is about the link between STDs and HIV, with more than half (56%) of respondents unaware that STD infections increase susceptibility to the HIV virus.

Another survey by the Foundation conducted with *Glamour* magazine earlier this year also found that many women may be mistakenly assuming they are being screened for STDs during routine gynecological exams. Two out of five women 18-44 years old (42%) said they believed they are automatically tested, that is without requesting it, for at least some STDs other than HIV as part of their regular gynecological exams. A pap smear - the primary purpose of which is to screen for cervical cancer - can also detect genital warts, in some cases. However, the test does not detect other more common STDs such as chlamydia, gonorrhea, and trich. Specific STD screening and testing is generally at the discretion of the doctor or at the request of the patient. Although the American College of Obstetricians and Gynecologists (ACOG) recommends testing for STDs other than HIV for women at 'risk' for STDs (defined in general as women who have a history of STDs or of multiple sex partners), routine screenings are not necessarily always - or ever - included as part of a woman's routine exam.

Building on this previous study as well as on anecdotal evidence that many women may not always be getting the care they assume they are getting or even assessing their own risk appropriately when it comes to STDs, Kaiser Family Foundation and *Glamour* partnered again for a second survey to learn more about how women and their health providers approach the issue of STDs during gynecological or obstetrical visits. In particular, we were curious to learn about how often and with which patients doctors and other health professionals are discussing STDs, whether health providers are counseling women on the risk factors for STDs, and how women feel about their experiences talking about - or not talking about - STDs with their health provider.

The topics asked about are based on ASHA's Personal Health History form and ACOG's Guidelines for Women's Health Care. To attempt to answer these questions, staff at the Foundation in coordination with *Glamour* magazine staff devised a survey that queried 482 women between the ages of 18-44 who had been to a new doctor within the last year for gynecological or obstetrical care. Criteria used to select the sample were based on an assumption that the first gynecological or obstetrical visit with a new patient was the one most likely for doctors or other health professionals to discuss STDs.

The survey found that not only do STDs rarely get discussed during gynecological or obstetrical visits, but many women may not be adequately screened by their health providers for their risk of STDs. The survey also indicated that women generally expected STDs to be discussed with them by their provider as part of routine reproductive care, and that many are very receptive to automatic testing even at additional costs. A summary of the key findings follows. The survey is also reported on in the October 1997 issue of *Glamour*.

#### Findings:

Many women may not be screened adequately for STDs by their health providers.

Only 15 percent of women of reproductive age say they had a conversation with a health professional about STDs at their first visit for gynecological or obstetrical care. Many of the women who did not have a

conversation about STDs reported not providing their health professional with the information he or she would have needed to adequately assess the patient's risk for STDs, such as:

- ¥ 35 percent of these women said they did NOT provide information about whether they were currently sexually active;
- ¥ 61 percent said they did NOT provide information about whether they were in a monogamous relationship;
- ¥ 67 percent said they did NOT provide information about whether they used condoms regularly;
- ¥ 77 percent said they did NOT provide information about how many sexual partners they had had in the last year;
- ¥ 94 percent said they did NOT provide information about oral or anal sex.

In fact, one in five of these women (20%) said they did not think their health provider had enough information to make an adequate assessment of their risk. Of those women who did not have a conversation about STDs with a health professional but thought that he or she should have discussed the subject with them, almost one in three (30%) said they did not think their health provider had enough information to accurately assess their risk.

There is also evidence that many women may not be informed about STD risk factors. Significant percentages of women who felt their health provider had enough information to know whether they were at risk for STDs reported that they did not provide basic information about their current and past sexual activity that may have affected that assessment. Because American men and women have such limited knowledge about STDs, many of these women may not know what information specifically their health provider should have gathered from them to assess their STD risk. Given the national estimates for STDs in this country, it is likely that some of these women are under estimating their risks or may not even be aware of whether they have an STD.

Although most women - 92 percent - filled out a form with questions about their medical history when they saw their new health provider for the first time, only half - 54 percent - said that form included questions about sexual history or current sexual activity even though the purpose of their visit was for gynecological or obstetrical care.

Health providers rarely discuss STDs as part of gynecological or obstetrical visits.

As compared to other reproductive and sexual health topics, such as birth control or breast exams, health professionals initiated conversations about STDs far less often. Only about one in ten (12%) health professionals raised the subject of STDs with a new patient. Eight in ten (83%) believe it is a topic that should be a part of routine counseling when seeing a new doctor for gynecological care.

About a third (32%) of health providers who talked about STDs with a patient recommended testing. Women were most likely to report the provider recommended tests for gonorrhea, HIV/AIDS, chlamydia, and syphilis. Those who did have conversations generally reported being made to feel 'very comfortable' about the discussion (76%). Few felt 'judged' in any way (94% said no; 6% yes).

Women expect their health pro-viders to raise the subject of STDs.

Most women (64%) say it is up to the health professional to raise the topic of STDs during a gynecological visit. A quarter (23%) say it is primarily the patient's responsibility to initiate this conversation, and 12 percent say the responsibility is shared. In fact, a third (33%) of the women who did not discuss STDs during their visit thought their health provider should have raised the subject with them.

Eighty-six percent of women who did discuss STDs during their first visit with a new doctor said they felt it was 'expected' that the topic would come up. About half (47%) said they were 'relieved' once it was discussed.

Patient confidentiality is one of the most important issues to women when discussing STDs with health professionals.

Confidentiality was the most important issue women cited when asked about possible factors that might affect their level of comfort in talking with a health professional about STDs: 95 percent rated as at least 'somewhat important,' including 80 percent who said this was 'very important.' Next most important was whether they felt the health professional was 'judging' them in any way (73% at least 'somewhat important,' including 46%, 'very important.') About half of the women said where the conversation occurred mattered.

Less relevant was the gender of the health professional - 38 percent said at least 'somewhat important.'

Women whose doctors had recommended that they get tested for STDs (as compared to those whose doctors

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More than 1 in 5 Americans is estimated to be currently infected with an incurable viral STD.  
Source: Centers for Disease Control and Prevention, 1993

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For More Information

My Health Matters... How to Talk to Your Doctor about Sexual Health, available from the American Social Health Association, PR79, PO Box 13827, Research Triangle Park, NC 27709

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The Real Facts: The Most Common STDs

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What the Experts Say ...

According to the American Social Health Association (ASHA), information on sexual history is integral to assessing a patient's risk for STD infection. In fact, questions about sexual history are part of an STD risk assessment form developed by ASHA for use by doctors. A woman's number of sexual partners is important information her health professional should know, according to Contraceptive Technology (1994) and the American College of Obstetricians and Gynecologists (ACOG) Guidelines for Women's Health Care (1996). Contraceptive Technology recommends asking every patient how many sexual partners he/she has had in the last year. ACOG's guidelines also recommend a clinician ask every patient about his/her sexual history and practices, which includes their number of sexual partners. ACOG states that a patient's number of sexual partners may not only indicate STD risk, but also help determine the best method of contraception for her.

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Profile of Women in the Kaiser Family Foundation/Glamour Survey

Age:

18-24	13%
25-29	19%
30-39	47%
40-44	21%

Race:

White	90%
Black	5%
Latino	5%
Asian	1%

Income:

Less than \$22,500	22%
\$22,500-\$49,999	40%
\$50,000 or more	40%

Marital status:

Married or living as married	72%
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Widowed 1%  
Divorced 6%  
Separated 2%  
Never-married 19%  
Has ever had sexual intercourse 96%  
Lifetime number of sexual partners:  
(of those who have had sexual intercourse)  
1 partner 26%  
2 12%  
3-6 31%  
7-10 15%  
11-20 8%  
20 or more 6%  
STD testing:  
Has ever been tested for an STD 60%  
Tested within last year for an STD 30%  
Has ever had an STD 19%  
(of those who have been tested)

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#### Methodology

Talking about STDS with Health Professionals: Women's Experiences, was conducted for the The Kaiser Family Foundation and Glamour by Market Facts, Inc. The results are based on telephone interviews conducted between May 27 through June 1, 1997 with a sample of 482 women ages 18-44 who had been to a new doctor for the first time within the last year for gynecological or obstetrical care. These women were selected using Market Facts' Consumer Mail Panel, a nationwide, balanced sampling of households. All interviews were conducted by female interviewers. The margin of sampling error for results based on the total sample is plus or minus 5 percentage points at the 95 percent level of confidence.

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#### References

The Hidden Epidemic: Confronting Sexually Transmitted Diseases, Institute of Medicine, National Academy Press, 1996.

Testing Positive: Sexually Transmitted Disease and the Public Health Response, The Alan Guttmacher Institute, 1993.

Contraceptive Technology, Irvington Publishers Inc., 1994.

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