

# Young Women Lack Knowledge About Chlamydia

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WASHINGTON — Sexually active women aged 15-25 years have little awareness about chlamydia or that there is a simple urine-based diagnostic test to detect the pathogen, according to a recent phone survey conducted by the Centers for Disease Control and Prevention.

The survey was conducted to help shape a national chlamydia screening campaign that the CDC is developing, said Allison L. Friedman, a health scientist at the agency who presented the results at the annual meeting of the Association for Reproductive Health Professionals.

In 2006, slightly more than 1 million cases of chlamydia infection were reported to the CDC, but that is probably an underestimate, said Ms. Friedman, noting that most men and women are unaware they might be infected and do not seek testing.

The CDC estimates that only about half of the eligible women were tested in 2006. The agency hopes the national campaign will lead to improved awareness and testing.

From October 2007 through January 2008, an agency contractor conducted 1-hour phone interviews with 80 women aged 15-25 years. The women were from 10 metropolitan areas and, to participate, had to speak English and have reported having had sex or having sought reproductive services. There was a good mix of blacks, Hispanics, and whites participating, Ms. Friedman said.

The survey found that, in general, knowledge of testing for sexually transmitted diseases was low. Most women thought that there was one test that covered all STDs and that it was done automatically during a Pap smear or was actually a part of the Pap smear. None of the women knew there was a urine-based test for chlamydia or that it was recommended that STD testing—including for chlamydia—be conducted annually, she said.

There also was low knowledge about chlamydia. The women who had heard of it were able to say that it's often asymptomatic and can be treated.

Most women said they would go to their physician for information about chlamydia and other STDs. After that, they said they would seek information on the Internet, primarily on Google and WebMD. For testing, most women said they would go to their physician, a gynecologist, or Planned Parenthood.

Women also were queried about what kept them from seeking chlamydia testing. The most commonly cited reason was fear: of being tested, of getting a positive test result, or that their parents would find out they were having sex. Many women said they worried that a friend would see them going for a test and assume they were at risk for an STD and then label them promiscuous. Some women feared getting a vaginal exam, and others said they were embarrassed to ask to be tested.

"Clearly, not all women are comfortable asking, which is important because they also had lots of questions about the test itself before they would be willing to get

tested," Ms. Friedman said, adding that they had questions about the accuracy and safety of the test, as well as how it is conducted.

For the older black and Hispanic women—18-25 years—access was cited as a barrier to testing.

When asked what would help, women said they wanted confidential, anonymous, fast, easy, safe, reliable, and cheap testing, Ms. Friedman said. Women also said they preferred a physician who was nice, sup-

portive, and understanding, and wasn't rushed. They preferred to have the provider initiate the discussion about and the recommendation for testing, she said. They also said they would feel less stigmatized if the recommendation were routine.

After hearing a list of facts about chlamydia, most women said the most compelling motivator was the fact that more than 1 million people are infected each year.

Many women said they had not talked

to their physicians about STDs or testing for them—even those who had gone in specifically to seek birth control. This was a surprise, Ms. Friedman said. Some women assumed that they were automatically tested for STDs and thus never brought it up. Others said testing had been offered but they'd declined, thinking they weren't at risk.

"This is reassuring because it speaks to the influence of providers, but also puts the onus on providers," she said. ■

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