Perceived STD Stigma, Shame and STD Screening

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Analyses

All analyses were conducted separately for males and females because STD-related stigma may affect adolescents’ STD testing behaviors differentially by sex. Bivariate analyses were conducted to determine whether study variables differed by gender; assess the level of correlation between variables; and examine the association between STD testing (the outcome) and participants’ characteristics and behaviors, including their perceptions of STD-related stigma and expectations of STD-related shame. All variables that were associated with STD testing in bivariate analyses were entered into multiple logistic regression models as single blocks, and odds ratios and 95% confidence intervals were calculated. Generalized estimating equations were used to control for the nonindependence of participants within census block groups. Statistical significance was defined as p<0.05. All analyses were performed using STATA Intercooled Version 8.0.

RESULTS

Similarly high proportions of male and female participants—about nine in 10 of each—identified themselves as black and heterosexual (Table 2, page 227). Males and females also were similar with respect to highest level of education achieved by a parent or guardian and anticipated feelings of shame if they were to test positive for an STD. However, a significantly higher proportion of males than of females reported having had more than 10 sex partners, and males perceived a higher level of STD-related stigma than females. Females were significantly older than males (19.6 vs. 18.8 years, on average), and greater proportions of females than of males had been tested for an STD test in the past year (70% vs. 37%) and had had at least one previous STD diagnosis (28% vs. 12%). Education level and age were highly correlated (r=0.55—not shown). Thus, males were more likely than females to have less than a high school education, while females were significantly more likely than males to have completed some higher education.

Among participants who had had an STD test in the past year, the most common reasons for having done so were not related to adolescents’ exposure to risk or concerns about their sexual health. Forty-two percent of males and 59% of females who had been tested reported that their tests had occurred in the context of a routine health care visit; another 4% of males and 3% of females said that they had been tested as part of a study (Table 3). Far fewer adolescents reported having sought care because they had experienced symptoms (11% and 8%, respectively), were concerned because they had had unprotected sex (8% and 6%), had been told by a partner that they may be at risk (4% and 0.4%) or had been contacted by health care personnel because they had been exposed (4% vs. 2%).

In bivariate analyses (Table 4), the likelihood that male adolescents had had an STD test in the past year was positively associated with age, being black, having had 3–5 or more than 10 sex partners and having had a previous STD (odds ratios, 1.1–4.4); it was negatively associated with perceived STD-related stigma (0.5). For females, STD testing was positively associated with having had more than two sex partners (3.3–5.8) and negatively associated with perceived STD-related stigma (0.5). STD-related shame was not related to testing among either males or females.

Multivariable logistic regression confirmed that for both male and female adolescents, the higher the level of perceived STD-related stigma, the lower the odds of having been tested for an STD in the past year (0.5 for each). For males, STD testing also remained associated with being black and having had more than 10 sex partners. Similarly, for females, having had more than two partners remained positively associated with having received an STD test.

DISCUSSION

Our findings support the notion that adolescents who perceive STDs as stigmatizing are not as likely as others to undergo regular screening. Furthermore, they suggest that this relationship is not specific to young women, as previously reported. Rather, perceived STD-related stigma was negatively associated with both males’ and females’ odds of having been tested for an STD in the past year. The contradiction between our findings and earlier ones may lead to a further investigation into the specific factors that influence adolescents’ STD testing behaviors.