

CHLAMYDIA TESTING: COMMON FEARS AND MISCONCEPTIONS

Chlamydia is often referred to as a silent infection. While it is the most common reportable sexually transmitted infection (STI) in Canada, the majority of women and men infected with chlamydia do not have obvious signs of infection (Wong, Singh, Mann, Hansen, & McMahon, 2004). If the infection remains silent and undetected, it can be transmitted unknowingly to sexual partners and if left untreated, result in potentially serious health consequences such as pelvic inflammatory disease (PID) and infertility for women. However, once diagnosed, chlamydia is easily treated with antibiotics. Testing is one key strategy in the fight to stop the spread of this silent infection yet studies of young people have found that many are reluctant to seek testing. Testing for chlamydia is available in clinics, doctors' offices, and other health care facilities. A common form of testing uses a self-collected urine sample, so there is no discomfort or need for an invasive medical examination. In this issue of *Check the Research* we will look at some studies that have explored the attitudes and beliefs of young people towards chlamydia testing, and discuss some common misconceptions and fears that prevent them from seeking testing and treatment.

ATTITUDES AND BELIEFS ABOUT TESTING

Pavlin and colleagues (2006) reviewed 25 studies that focused on women's views towards chlamydia testing. The studies were primarily conducted in the UK and the US. Various factors were shown to discourage or prevent women from seeking testing. Women who had a regular sexual partner tended to believe incorrectly that they didn't need to be tested, and that they wouldn't be at risk of infection if their partner did not have obvious signs of infection. Many women were not aware that chlamydia is often asymptomatic. Feelings of shame and guilt were often expressed, and women spoke of feeling dirty if they were tested, diagnosed, or treated for chlamydia. Concerns about the confidentiality of test results and treatment also prevented some women from seeking testing.

However, Pavlin et al. (2006) also pointed out messages that can be used to counteract the negative perceptions that may discourage women from seeking chlamydia testing and treatment. If women are aware that chlamydia is common, asymptomatic, and has serious health consequences if left untreated, they will be more likely to be tested. Messages that chlamydia testing is not shameful but rather a responsible thing to do, and that all sexually active people should be tested, help to destigmatize testing. As well, if women are aware that testing is easily accessible and that it does not always involve an invasive medical examination then they are more likely to seek it out.

A study of 275 young people in England, aged 17 to 25, used a questionnaire to determine factors that affected the willingness and likelihood of participants to seek out testing for STI (De Visser & O'Neill, 2013). As well as the questionnaire, the researchers also conducted face-to-face interviews with a smaller subset of the sample, to uncover some of the personal experiences of participants with STI testing. Some participants expressed feelings of embarrassment and fear associated with testing, and shame if they had previously tested positive for an STI.

"I FELT LIKE REALLY DISGUSTING AND DIRTY AND LIKE, COULDN'T BELIEVE IT WHEN I WAS TOLD AND LIKE REALLY ASHAMED."

(Female university student after testing positive for an STI cited in De Visser & O'Neill, 2013, p. 556)

Some assumed incorrectly that since they were in a monogamous relationship they did not have to worry about being tested for an STI. As well, if participants were not familiar with where and how to be tested, they were often less willing to consider testing.



“I WAS IN WHAT I THOUGHT WAS A LONG-TERM MONOGAMOUS RELATIONSHIP...SO I WAS NOT GETTING REGULARLY TESTED BECAUSE I WAS ASSUMING MONOGAMY.” (Female)

“I DON'T REALLY KNOW WHAT IT INVOLVES, TO BE HONEST, AND I THINK NOT KNOWING THAT MAKES IT, MAKES YOU, MAKES ME LESS WILLING ANYWAY.” (Male)

(University students cited in De Visser & O'Neill, 2013, p. 556)

A study of 128 college students in England used questionnaires to determine common beliefs related to chlamydia testing (Booth, Harris, Goyder & Norman, 2012). Many students reported that testing was inconvenient, embarrassing, and time consuming. When asked what feelings they associated with testing, the most common answer was “worried” and the second more common answer was “embarrassed.” Some students viewed chlamydia testing in a positive light because it would indicate whether an infection was present or not and then the person could act accordingly, but others had a negative emotional response for the same reason: it might result in a diagnosis of chlamydia.

“...IT SEEMS LIKE YOU SLEEP AROUND OR...THAT YOU'RE NOT CAREFUL...I THINK THERE'S A LOT OF STIGMA ATTACHED TO IT; IT'S THOUGHT OF AS DIRTY I SUPPOSE AND JUST A BIT SLUTTY IF YOU HAVE ONE [STI].”

(19 year-old female cited in Richardson et al., 2010, p. 188)

A qualitative study of 14 young people in England, aged 16 to 24, found similar negative beliefs and attitudes related to chlamydia (Richardson et al., 2010). All participants had refused offers of testing in non-clinical settings, and agreed to be interviewed to discuss their reasons for not being tested. There were many negative traits and perceptions associated with STIs, and chlamydia specifically. The words “dirty”, “promiscuity”, and “careless” were all associated with chlamydia. Those who were tested were perceived to be a specific type of person and there was a common assumption that only those who had many sex partners, or who engaged in frequent, casual sex needed to get tested. Those who declined to be tested indicated that since they didn't fit this stereotype testing was not relevant for them. Testing was not thought to be necessary for monogamous people in long-term relationships. Other common themes that emerged in the interviews were that chlamydia is “bad and scary”, that being tested was painful, invasive and embarrassing, and that others would judge them for being tested.

“PEOPLE WHO HAVE ONE-NIGHT STANDS...SLEEP AROUND STUFF LIKE THAT ... THEY COULD PROBABLY DO WITH A CHECK-UP ONCE IN A WHILE.”

(21 year-old female cited in Richardson et al., 2010, p. 188)

Newby, Wallace & French (2012) interviewed 27 young people, aged 16 to 22, and found that many expressed a belief that only those with multiple, casual partners were at risk of chlamydia infection. Although participants knew that chlamydia was transmitted through unprotected sex and was often asymptomatic, most felt that they could tell if a partner was infection free by the way they behaved and the way they looked. Men tended to judge the infection status of their partner based on reputation, while women tended to consider their partner's social status and physical appearance.

“YOU KNOW, SOME GIRLS YOU SEE THEM AROUND TOWN...AND WORD GETS OUT OF WHO THEY ARE...AND THEY'VE OBVIOUSLY HAD A FEW PARTNERS, AND YOU HAVE TO BE CAREFUL.” (Male)



"I JUST THOUGHT HE WASN'T LIKELY (TO HAVE AN STI), I MEAN HE WAS CLEAN, GOOD-LOOKING, HAD A NICE CAR...IT SOUNDS STUPID, BUT HE JUST DIDN'T CROSS MY MIND AS THE TYPE." (Female)

(Study participants cited in Newby, Wallace & French, 2012, p. 149)

WHAT'S THE TAKE HOME MESSAGE?

Chlamydia is a common sexually transmitted infection in people under the age of 30. Most people do not have obvious signs of infection and so chlamydia is often called a silent infection. It is easily diagnosed and treated with antibiotics, however if left untreated it can cause serious health consequences, primarily for women. Tests for chlamydia can be performed in clinics and doctor's offices and do not necessarily involve invasive medical examinations. However, many young people avoid being tested out of embarrassment, fear or shame. Studies show that negative attitudes and beliefs are often based on inaccurate information and social norms that equate testing with promiscuous behaviour. The decision to be tested is a responsible choice for all sexually active people. Accurate information and positive messages can help to counter some of the fear and anxiety that is often associated with testing.

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