

Reasons for STI Screening among Heterosexual & Sexual Minority Women in Puerto Rico

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INTRODUCTION

- Screening practices are among the most effective preventive measures for early diagnosis and/or treatment for sexually transmitted infections (STIs). Misdiagnosis of such infections could lead to serious health consequences such as pelvic inflammatory disease, chronic pelvic pain, infertility, cervical cancer, liver cancer, etc.
- In Puerto Rico (PR), the incidence for STIs has remained quite high and has not drastically changed since 2016.¹
- Nowadays, most research studies and STI risk intervention programs concerning sexual health focus on heterosexuals (HET), failing to include data based on sexual orientation.
- Women may also identify themselves as lesbian (LES) or bisexual (BIS), collectively referred to as sexual minority women (SMW), and depending on their identification, may engage in behaviors that are different between groups.
- Studies have evidenced SMW have an earlier sexual onset and engage in riskier sexual activities when compared to heterosexuals, and screen less for cancers when compared to heterosexual women.²⁻⁴
- The erroneous assumption that SMW are at low risk for STIs may be the result for their poor screening practices. Misinformation and/or lack of knowledge regarding STIs and preventive practices could be also responsible for the observed behavior among these women.
- The need to separate women's health studies by sexual orientation is vital in order to understand each group's individual needs.
- Understanding the sexual health needs of SMW will provide us with data to design and implement targeted risk intervention programs.

OBJECTIVES

- Purpose: Describe and compare the number of sexual partners and reasons for screening in a sample of heterosexual, lesbian and bisexual women living in PR.
- The quantity of sexual partners was selected as a measure of exposure and risk for STI contagion and/or transmission.

METHODS

- A descriptive cross-sectional study, employing an online survey to collect data from Puerto Rican women (HET=334 and SMW=142).
- Inclusion criteria: Women aged 21-65, who self-identified as heterosexual, lesbian or bisexual, were or had been sexually active, able to consent and currently lived in PR.
- Recruitment period: February to April 2016.
- Mann Whitney Wilcoxon and Chi-square analyses was used for quantitative and categorical variables, respectively.
- P-values of ≤ 0.05 were considered statistically significant.

RESULTS

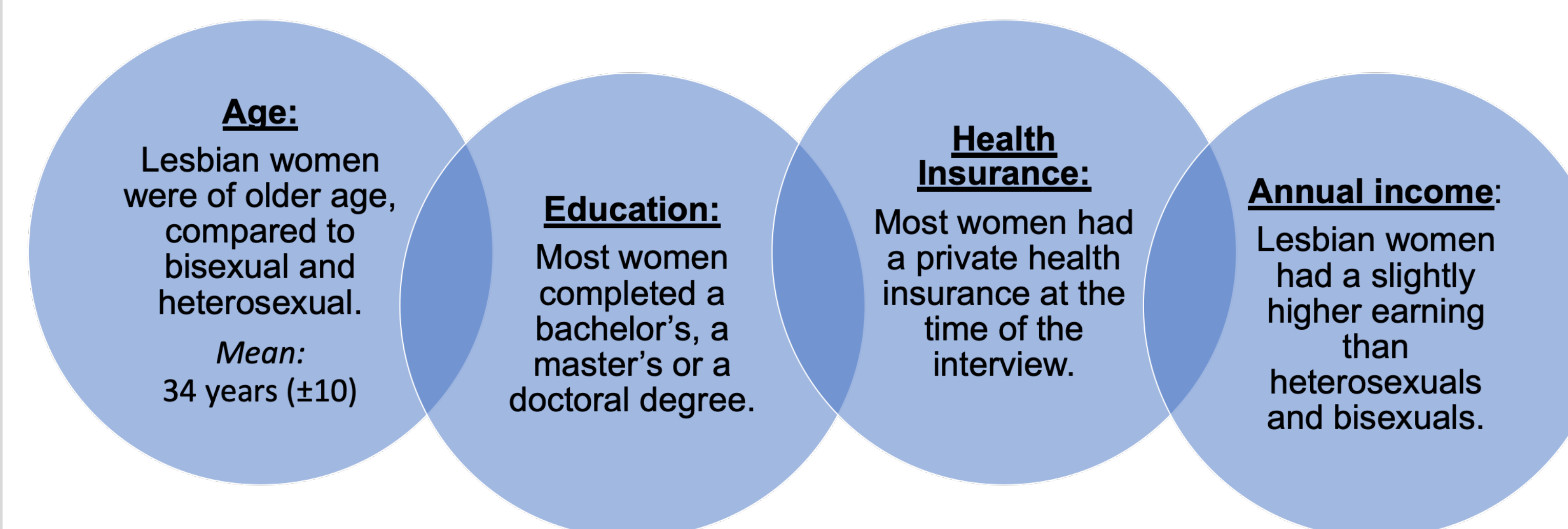


Figure 1. Diagram highlighting participant's demographic facts. (HET=334; LES=72; BIS=70)

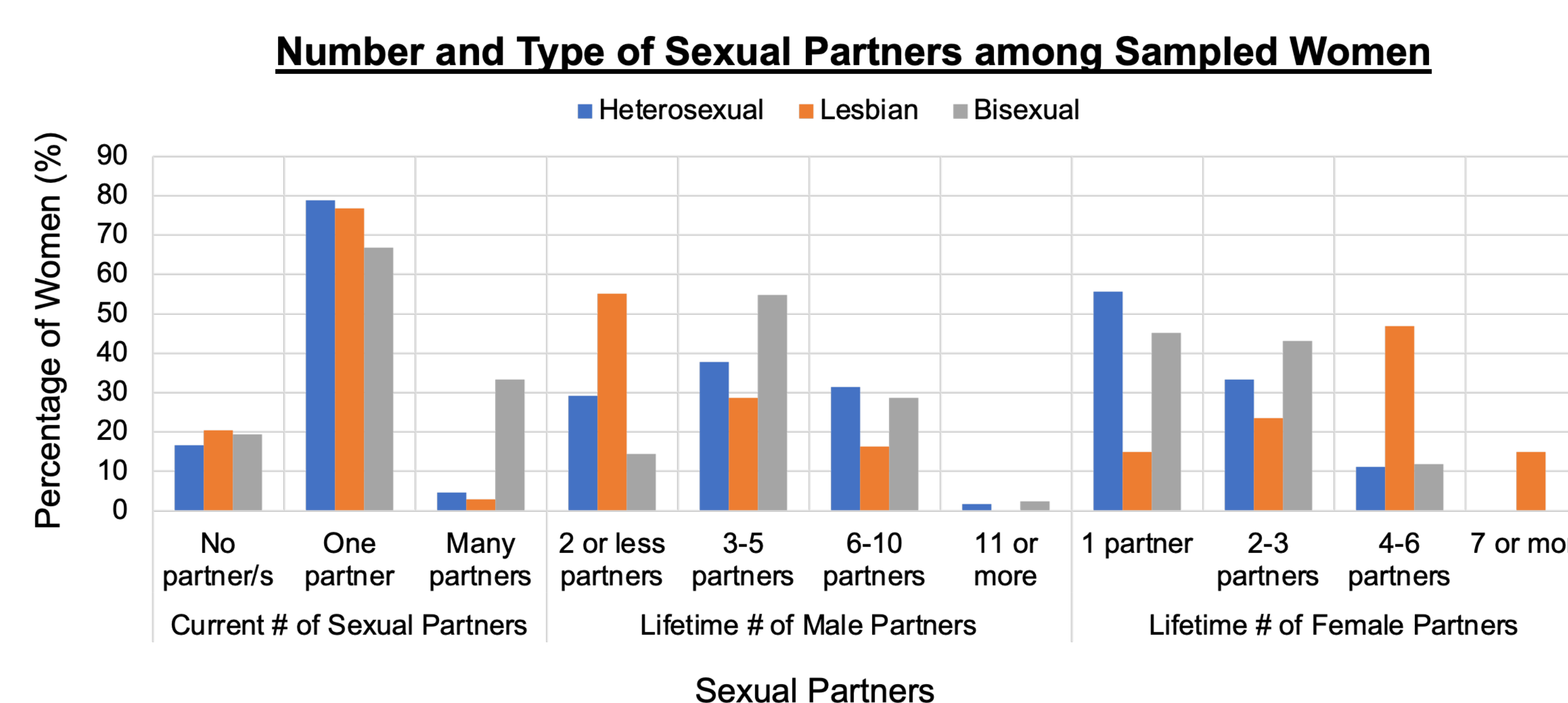


Figure 2. Number and type of sexual partner among sampled women. Percentages were calculated based on the participants within category. Each category was examined individually. (p-values: Current=0.039, Male =0.002; Female=0.000)

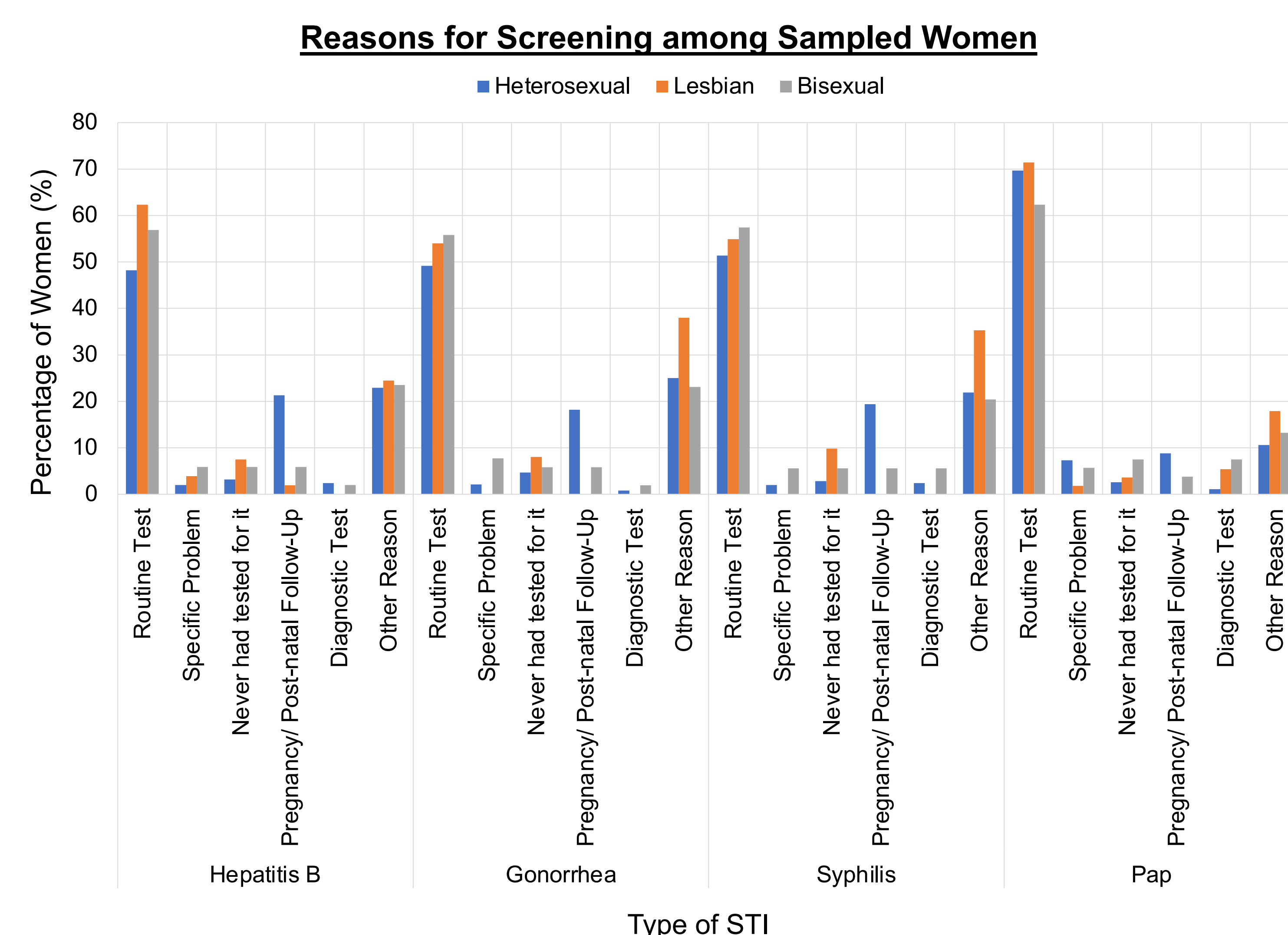


Figure 3. Reasons for STI screening among sampled women. Percentages were calculated based on the sampled women by screening method. Data was compared among sexual orientation. Each STI was treated independently. (p-values: Hepatitis B=0.014; Gonorrhea=0.006; Syphilis= 0.001; Pap=0.010)

ACKNOWLEDGMENTS

- The authors of this study would like to thank *Fulanita Eventos* for their help during recruitment and the women who participated. This study was approved by the Institutional Review Board of the University of Puerto Rico, Medical Sciences Campus and was partially supported by NIH HCTRECD 5R25MD007607.

DISCUSSION

- Significant statistical differences were found between the current number of sexual partners as well as lifetime number of male or female partners among participants (Figure 2).
 - Most women had only 1 partner at the time of the study.
 - Regarding lifetime number of partners, heterosexual and bisexual women shared similar behaviors. The highest percentages of each group recalled having 3-5 male and 1 female partner in their lifetime.
 - The highest percentage of lesbians recalled having ≤ 2 male and 4-6 female partners in their lifetime.
- Significant statistical differences were found among the reasons for screening practices concerning Hepatitis B, Gonorrhea, Syphilis and Pap smear. None was recorded for HIV, Chlamydia and HPV (Figure 3).
- Most sampled women indicated they employed screening practices as part of their routine tests while visiting the doctor's office, but not as an intended behavior or targeted task. This finding was inclusive for all 3 groups.

CONCLUSION

- Lesbian women had a higher total number of sexual partners in their lifetime placing them in a higher exposure risk for STIs when compared to heterosexual and bisexuals. This differs from findings in literature where bisexuals are placed at a higher risk for STIs than lesbians.⁵
- Poor reasoning regarding screening practices could be due to misinformation and/or lack of knowledge regarding the subject matter. This places women at a higher risk of developing preventable health complications.
- Educating women about STIs, risks and screening practices is of need. It is vital for women to acknowledge that screening is essential for diagnosis and prevention of serious health illnesses.
- Subjecting heterosexual and SMW to further research will allow a better understanding of the health issues faced by each population and lead interventions to effectively address gaps in knowledge among these Puerto Rican women.

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