

Young minority women screened at higher rate for chlamydia than young white women

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A new study from the Indiana University School of Medicine and the Regenstrief Institute has found that Black and especially Hispanic young women are screened for chlamydia at a significantly higher rate than young white women. This discrepancy in screening rates may contribute to nationwide reporting of higher rates of this sexually transmitted disease among minority young women.

The research, which used data from more than 40,000 visits to health care facilities, appears in the February issue of the journal *Pediatrics*, published online ahead of print on Jan. 24.

Despite a recommendation from the U.S. Preventive Services Task Force to annually screen all sexually active young women for this disease, only about half of sexually active women, ages 14 to 25, who receive health care, are screened appropriately. The IU and Regenstrief researchers found that black young women were 2.7 times more likely and Hispanic young women 9.7 times more likely to be screened for [chlamydia](#), compared with white young women.

In addition to race or ethnicity, the researchers found screening likelihood varied by [insurance status](#) and also by age. Women with public insurance had greater odds of chlamydia testing, compared with women with [private insurance](#).

"For some common conditions like [breast cancer](#), white women are more likely to receive a screening test like [mammography](#). For chlamydia

infections – which are highly stigmatized STDs – white women are less likely, while minority women are more likely, to receive screening. This may mean that providers make judgments about a woman's likelihood of infection based on her race or ethnicity. Yet in an asymptomatic condition like chlamydia, all sexually active young women should be screened," said study first author Sarah E. Wiehe, M.D., M.P.H., assistant professor of pediatrics at the IU School of Medicine and a Regenstrief Institute affiliated scientist.

A medical history of STDs was more important than race or ethnicity or insurance status in terms of differences in chlamydia screening. Young women who had a previous STD were more likely to be screened for chlamydia, no matter their race or ethnicity, and differences by race or ethnicity in testing decreased substantially in this subgroup. The same was not true for young women who had been pregnant in the past. After a pregnancy, young minority women were much more likely (24 times for Hispanic women and 4 times for black women) to be screened than young [white women](#).

"Even when we accounted for provider-level differences in testing patterns, the bias to screen black and Hispanic young women persisted. We must encourage pediatricians, internists, family medicine physicians and gynecologists to screen all sexually active young women under their care. Chlamydia is a serious and usually asymptomatic disease that may have serious health repercussions," said Dr. Wiehe, a pediatrician and health services researcher.

More information: "Chlamydia Screening Among Adolescents and Young Women: Individual- and Provider-Level Differences in Testing Rates" *Pediatrics*.

Provided by Indiana University School of Medicine

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