

HEALTH MATTERS

Six Steps to Address Rising STIs in Teen Girls

by Lisa Pilnik

Do you talk to adolescents you work with about their health? Talking about sexual health is not always easy. New research showing a high incidence of sexually transmitted infections¹ among teen girls makes these conversations even more critical.

More than one in four teenage girls has at least one STI according to a new study from the Centers for Disease Control and Prevention. Investigators analyzed data on 838 girls aged 14-19 and found:

- 18.3% had human papillomavirus (HPV, which is associated with cervical cancer and genital warts); 3.9% had chlamydia; 2.5% had trichomoniasis; and 1.2% had herpes simplex virus type 2.
- 15% percent of the teens who had an STI had more than one.
- 48% of African-American adolescent girls in the study, 20% of whites and 20% of Mexican Americans had at least one STI .
- 39.5% of teenage girls who were sexually experienced had an STI.²

Comprehensive Health Care Matters

Routine health care from a trusted provider helps ensure teens receive necessary STI screenings and treatment, says Moira Szilagyi, MD, PhD, a pediatrician with the Monroe County Health Department in Rochester, New York. The American Academy of Pediatrics recommends all children and adolescents entering foster care receive a screening for acute, high risk, or chronic mental and physical conditions within 72 hours of placement, and a more comprehensive medical evaluation within 30 days. (Clearly, a teen who has symptoms that may suggest an STI, such as vaginal discharge, a burning sensation during urination, sores on their genitalia

or abdominal pain, should be evaluated immediately.)

In most jurisdictions the comprehensive evaluation would include STI risk assessment and screening for teens aged 13 or older (including pregnancy tests for girls). Dr. Szilagyi's practice, which exclusively serves children and adolescents in foster care, starts screening children at age 11. Once children are in the foster care system, the AAP recommends they see a doctor every six months. "There are so many opportunities for things to go wrong in the lives of these children," says Dr. Szilagyi, and doctors who see teens regularly may be able to pick up on more risk factors for STIs.

How Advocates Can Help

- 1. Ask youth if they have a regular doctor they like and can talk to about their body and sexual health.** If not, advocate for a change. If possible, make sure teens see specialists in adolescent health, such as in a university hospital's adolescent health program.
- 2. Encourage teens to be honest with their doctors.** Doctors often decide which tests to run or services to provide based on a patient's self-reported history. Tell teens to let their doctors know if they've ever been homeless, had an older sexual partner or multiple partners, lived in a detention facility, or experienced any "red flags" discussed in the box. Encourage her to tell her doctor (and you when she feels

STI Risk Red Flags

All youth should receive comprehensive health care, including STI screenings, rather than singling out teens who are believed to be sexually active or otherwise at risk. Some red flags may indicate an adolescent may be at greater risk, says Dr. Szilagyi. These include:

- history of homelessness/living on the street
- having an older boyfriend/girlfriend or series of boyfriends/girlfriends
- truancy
- substance abuse
- living with a mother who abused substances or who had a string of boyfriends in the home
- time spent in a juvenile detention facility
- sexual abuse history

comfortable) if she is sexually active or has ever had unwanted sexual contact (youth may not think of themselves as sexually active if they were unwilling participants), but that she should tell her doctor. (The CDC study found that 7.5% of girls who said they were not sexually active had an STI; supporting the idea that youth may not always be willing to admit their sexual experiences to adults.)

- 3. Learn how your state's confidentiality laws apply to STIs and pregnancy.** Explain to youth what information the doctor can and can't share with caseworkers, biological parents, or foster parents. (Note: HIV is sometimes treated differently than other STIs.) Encourage youth to ask you or their doctor if they have questions about confidentiality.

4. Address cost concerns. Medicaid should cover screening and treatment for STIs, but if few providers in your area accept Medicaid, consider providing clients contact information for a local Planned Parenthood or other free or low-cost reproductive health clinic.

5. Explain to youth that *not* addressing STIs can harm their health in the future. Untreated STIs can lead to infertility, pregnancy complications, certain cancers, chronic pelvic pain, and other conditions.

6. Tell youth it's important to go to the doctor regularly, even if they feel healthy. STIs can be symptom-free for long periods (e.g., a teen may have an STI but not feel ill or show signs of the disease, but can still be developing complications and transmitting it to others).

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Finding the Right Provider

If a teen doesn't trust their doctor, they won't get the best possible care. If you request a change in providers, it may help to suggest an alternative, or at least provide the caseworker ideas for where she can go. Dr. Szilagyi suggests the following options for locating an adolescent health provider:

- Many university-affiliated hospitals have adolescent health programs (and they usually accept Medicaid patients).
- Contact your local medical society. If your area does not have one, contact your state medical society, or your town or city's health department. Ask for a list of physicians who are currently accepting new patients and specialize or have an interest in adolescent medicine.
- Visit the AAP's pediatrician referral website at www.aap.org/referral/. Enter your geographic information and select "Section on Adolescent Health" in the Medical Specialty section.
- Visit the Society for Adolescent Medicine's website at www.adolescenthealth.org and click on "Find an Adolescent Health Professional." Search for a provider by geographic area or discipline.

Endnotes

¹ STIs are also called sexually transmitted diseases or STDs

² The data did not allow for meaningful conclusions about any other racial or ethnic groups. The data analyzed in the study came from the 2003-2004 National Health and Nutrition Examination Survey, an annual study that looks at a variety of health issues in American households. The study did not look at any STIs other than the four discussed. Data on gonorrhea will be analyzed in the future.

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