Improving Participation in Chlamydia Screening Programs

Perspectives of High-Risk Youth

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Background: Many young people at highest risk for chlamydia infection do not use chlamydia screening services.

Objectives: To describe young people’s beliefs and opinions about obstacles to and motivators for obtaining testing and to provide recommendations for how to improve youth participation in chlamydia screening programs.

Methods: Eight focus group interviews (4 male and 4 female groups) were conducted with young people using a semistructured interview guide. Thirty-two male and 23 female volunteers (mean age, 18.2 years; age range, 15-24 years) were recruited from Job Corps and Department of Youth Services sites. The main outcome measure was categorization of textual data using content analysis techniques. Data were coded by 2 investigators into categories of responses based on research questions and spontaneously offered comments. Satisfactory intercoder agreement was achieved.

Results: Participants described many obstacles to testing, including concern that someone will know they were tested or tested positive, fear about discovering they have a sexually transmitted disease, and fear of acquired immunodeficiency syndrome. Many participants were unsure what physical effects chlamydia produced or thought it was possible to die of a chlamydial infection. Participants recommended providing more information about the effects of chlamydia, availability of urine testing, and ease of treatment to motivate more young people to seek testing. They also emphasized the need to make sexually transmitted disease screening services more private and confidential. There was an overwhelming interest in using a home Chlamydia test (much like a home pregnancy test) if one were available.

Conclusions: To increase youth participation in screening programs, it will be necessary to address their concerns, dispel misconceptions, and provide more information about chlamydia. A home Chlamydia test might be one way to increase screening.


CHLAMYDIA TRACHOMATIS is the most prevalent bacterial sexually transmitted disease (STD) in the United States, and adolescents and young adults have the highest rates of chlamydial infection among all age groups.1 Early diagnosis of this STD is important, not only to minimize disease spread but also to prevent sequelae, including epididymitis, pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain.2,3

Because chlamydial infections are frequently asymptomatic,4 many infected teens have no reason to suspect a problem. Unless they seek health care for other reasons, there is no opportunity to identify and treat their asymptomatic infections. Compounding the problem, many teens at highest risk for chlamydia have no health insurance or no identified source of regular health care.5-6

Traditional chlamydia testing procedures have served as another obstacle to early detection because collection of endocervical and urethral specimens is uncomfortable at best.6-9 Fortunately, the introduction of several nucleic acid amplification tests (NAATs) now makes it possible to detect Chlamydia noninvasively from male and female urine samples.10-16 Although not yet cleared by the Food and Drug Administration for this use, NAATs have also performed well on female introital and vaginal specimens.17-19 Noninvasive STD screening can increase testing options and venues for services.

Young women who have been queried about preferred methods of STD testing have chosen urine and/or vaginal or introital specimens over pelvic examinations.20-22 Little is known about young men’s STD testing preferences; however, the urethral swab has been reported as an obstacle to testing.23 Other reported obstacles include teens’ fear of STD test results and of others finding out that they were tested.6,22,23

Knowledge about barriers to STD services encountered by high-risk youth and
their suggestions for overcoming these barriers can inform chlamydia prevention and ultimately decrease chlamydia prevalence and sequelae through earlier detection and treatment. We conducted focus groups with 2 populations of high-risk, out-of-school youth in nonmedical settings to learn what can be done to improve participation of young people in chlamydia screening programs.

**METHODS**

**STUDY DESIGN**

This qualitative descriptive study used 8 focus group interviews to learn about young people’s understanding of chlamydia, attitudes toward testing, beliefs about barriers to participation in chlamydia screening, ideas about overcoming these barriers, and preferred sites for urine-based screening services. A sample size of 8 groups was predetermined based on estimates of the number required to attain saturation, and by the conclusion of the study, most responses had been heard in previous groups.

**STUDY SITES AND PARTICIPANTS**

Focus group interviews were conducted with adolescents and young adults at Job Corps and Department of Youth Services (DYS) sites in Massachusetts. The Job Corps is a voluntary program of the US Department of Labor that provides education and job training for disadvantaged young people aged 16 to 24 years. The DYS is the Massachusetts juvenile corrections agency that has custody of adolescents up to the age of 21 years who have been adjudicated delinquent by the court. These 2 populations were targeted for participation because both groups have a high prevalence of chlamydia and low utilization of health care services.

Following a short presentation given to Job Corps students by the principal investigator (D.R.B.) at an all-center weekly meeting, volunteers signed up at Health Services or were identified from the center’s student list with the goal of recruiting participants of varying ages. Potential participants from the DYS sites were identified by the director and then spoke privately with the principal investigator about the study. These participants were not entirely representative because the directors chose clients who had achieved an appropriate behavioral level and were judged to function well in a group.

The strictly voluntary nature of the study was emphasized both verbally and in writing to all participants and to the DYS site directors. Written informed consent was obtained from all participants, and parental permission was obtained for participants at both sites who were younger than 18 years. Study protocol and consent procedures were approved by the University of Massachusetts Medical School Committee for the Protection of Human Subjects in Research.

**Male Groups**

Two focus groups were conducted at the Job Corps site (8 males per group) and 2 were conducted at DYS sites (8 males per group). Twelve Job Corps participants had placed their names on a volunteer list, and 4 others agreed to participate when sent a letter of invitation. The 32 males participating in the 4 groups ranged in age from 15 to 20 years (mean age, 17.2 years; SD, 0.8 year), and 19- to 24-year-old participants were assigned to 1 of 2 older groups (4-7 females per group; mean age, 20.7 years; SD, 1.4 years). Twelve of the participants had placed their names on a volunteer list, and 11 others agreed to participate when sent a letter of invitation. The racial and ethnic composition of the 23 participants was 39% African American (n=9), 22% white (n=5), 17% Hispanic (n=4), 13% other race (n=3), and 9% Asian (n=2). Inclusion of a female DYS focus group was not feasible because of low female census in central Massachusetts.

**Female Groups**

Because of a wider age range among females in the Job Corps focus groups, 16- to 18-year-old participants were assigned to 1 of 2 younger groups (6 females per group; mean age, 17.2 years; SD, 0.8 year), and 19- to 24-year-old participants were assigned to 1 of 2 older groups (4-7 females per group; mean age, 20.7 years; SD, 1.4 years). Twelve of the participants had placed their names on a volunteer list, and 11 others agreed to participate when sent a letter of invitation. The racial and ethnic composition of the 23 participants was 39% African American (n=9), 22% white (n=5), 17% Hispanic (n=4), 13% other race (n=3), and 9% Asian (n=2). Inclusion of a female DYS focus group was not feasible because of low female census in central Massachusetts.

**DATA COLLECTION PROCEDURES**

A male facilitator with extensive experience conducting focus groups (J.M.O.) and a cofacilitator led the 4 male groups, and a female facilitator (D.R.B.) and a cofacilitator (S.K.D.) led the 4 female groups. Although the female facilitator had no prior formal experience conducting focus groups, she was an experienced adolescent health care provider who read extensively, consulted widely with experts, and observed several focus groups before conducting her own. Groups were convened in private rooms at the residential sites. Job Corps participants were compensated for their time with $15 and were provided pizza during the focus group meeting. The DYS protocol prohibits monetary compensation, but these participants were also served pizza. After conditions of voluntary participation and confidentiality were reviewed, each focus group session was audiotaped, and the cofacilitators took written notes during the sessions. The sessions lasted from 1 to 1 1/2 hours. At the conclusion of each group, participants rated the quality of their experience; all ratings were at a high level.

**INTERVIEW GUIDE**

Questions were developed based on a partnership approach to elicit information deemed important both to investigators and research participants. The partnership approach aims to understand the “insider's perspective,” which requires the researcher to acknowledge that the participant is the expert in the area of interest. Furthermore, it allows and encourages participants to generate questions and place emphasis on what they think is important. The interview guide was pilot tested with 6 individuals who commented on the appropriateness, understandability, and relevance of the questions. The guide was revised several times in response to feedback from individual interviews. Content areas included knowledge of physical effects of chlamydial infection, psychological and social effects of contracting chlamydia, positive and negative attitudes toward Chlamydia testing, barriers to testing and ideas about overcoming barriers, preferred sites to receive testing, and ways to spread the word about chlamydia testing to other youth.

Before discussion about the effects of chlamydial infection and preferred sites for testing, each participant was asked to write his or her ideas on pieces of 8 1/2 x 11-in paper. This was to ensure that each participant contributed as many original ideas as possible and to prevent any one member’s ideas from contaminating the ideas of the other participants. Subsequently, papers were pooled on the wall and the group discussed the ideas together.

**DATA ANALYSIS**

Audiotapes were transcribed verbatim by an outside agency. Textual data were categorized using content analysis techniques. Verbatim responses were coded by 2 investigators (D.R.B. and M.H.K.) into categories based on the original re-
At least 1 member of each group expressed uncertainty or lack of knowledge about the effects of chlamydial infection. Although some participants accurately identified symptoms of chlamydial infection, many others described inaccurate symptoms. At least 1 participant in 3 of the 4 male groups and in 1 of the 4 female groups thought it was possible to die of a chlamydial infection.

Members of every group described strong negative feelings that would accompany the potential diagnosis of a chlamydial infection, particularly depression and/or lowering of self-esteem, such as “You feel like a low-life person” (male) and “A person might feel dirty” (female). Other feelings included guilt, shame, embarrassment, and fear.

Many young people believed that a diagnosis would damage a relationship: “Your partner might not want to have sex with you” (male). In many cases, participants would not want to tell their partner because of fear of the partner’s reaction: “Because if she doesn’t have it, she knows you got it from somebody else. . . .” (male). Another theme was fear of rejection or being thought of badly by friends: “What are people going to think of me, and I’m a whore and this and that” (female).

### REASONS WHY SOMEONE WOULD WANT TO GET TESTED

Prominent reasons for getting tested included making sure that one was not infected; finding out if one were infected so he or she could get treatment; protecting one’s body, partner, or infant; or responding to symptoms, a condom break, or suspicions about one’s partner.

### OBSTACLES TO TESTING

Not surprisingly, all participants had strong negative emotional responses to urethral swabs and pelvic examinations, including discomfort and embarrassment. They were relieved that a test was available that only required them to “pee in a cup.” Even with the availability of a urine test, which was considered convenient, not embarrassing, and not uncomfortable, participants described many remaining obstacles to Chlamydia testing (Table 1). These included lack of privacy, fear of finding out that one has an STD or acquired immunodeficiency syndrome (AIDS), fear of surreptitious drug testing, denial, and embarrassment. Fear of AIDS was a common theme in the male groups.

### IDEAS FOR MOTIVATING YOUNG PEOPLE TO GET TESTED

Suggested motivators for testing (Table 2) included stressing the positive aspects of testing and treatment as a good and responsible thing to do, providing information about chlamydia and its treatment, providing support or bringing a friend, assuring privacy, decreasing turnaround time for results, reducing or eliminating cost, and including chlamydia testing as part of health care visits for other reasons. Several male participants thought that providing money or other incentives, such as pizza, movie coupons, or mall certificates, would motivate people to get tested.

### COMMUNICATING EFFECTIVELY ABOUT THE ASYMPTOMATIC NATURE OF CHLAMYDIA

In response to the statement, “Most people who have chlamydia don’t feel sick. They feel totally fine,” some participants pointed out that people could interpret this to mean

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**Table 1. Obstacles to Chlamydia Testing**

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Participant Comments</th>
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<tbody>
<tr>
<td>Lack of privacy at testing site</td>
<td>“So you’re opening doors, and you turn back around and like a hundred eyes looking at you.” (male)</td>
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<td>“I don’t want the whole doctor’s office to know anything about me.” (female)</td>
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<tr>
<td>Fear of finding out that one has an STD</td>
<td>“If they get it, they’re afraid of what will happen to them.” (male)</td>
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<td>“I’ve been offered to go, it’s just I’m scared.” (male)</td>
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<td></td>
<td>“People fear what they don’t know.” (female)</td>
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<td></td>
<td>“They’re scared they probably can’t get rid of it.” (female)</td>
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<tr>
<td>Fear of finding out that one has AIDS</td>
<td>“Or they’re scared they’ve got AIDS.” (male)</td>
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<td>“You think STD, you think hopeless like terminal and like AIDS.” (male)</td>
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<tr>
<td>Fear of surreptitious drug testing</td>
<td>“Some people are paranoid. They think that you’re just trying to trick them into getting a drug test.” (male)</td>
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<td>Denial</td>
<td>“They probably know they have it, but they don’t want to believe it.” (female)</td>
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<td>“They don’t think they’re the type of person who gets that type of stuff.” (male)</td>
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<td>“That’s because everyone walks around thinking, well, it couldn’t happen to me.” (female)</td>
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<tr>
<td>Testing experience too embarrassing</td>
<td>“That’s just embarrassing, coming down here and be like: I need a Chlamydia check or I need to get a test for a STD.” (female)</td>
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<td>“That’s one of the main reasons why people don’t get tested, because it’s an embarrassing thing.” (male)</td>
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<td>“Most of the time that does keep people away. ‘Cause they don’t want to have a doctor know all about their sex life.” (female)</td>
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<td>“You may love that person. How they going to look at you, knowing that you gave this to them, or you did this to them.” (female)</td>
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</table>

Abbreviations: AIDS, acquired immunodeficiency syndrome; STD, sexually transmitted disease.
that Chlamydia does not cause any problems: “So, if you
tell somebody you don’t get sick off it, they’re going to think
well, it’s not that bad” (female), “They wait until like they
have a sign. Like most people wait to go to the doctor’s till
they get sick. And then they find out” (female), and “Be-
cause if people don’t feel sick, they’re not going to be scared”
(male). Others noted that if people learned they could have
an infection without warning symptoms, they would want
to get tested right away: “Because if somebody knows that
they might not see any effects or something, they might
be like wow, maybe I should go get tested, because I don’t
know if I have it or not” (male). Participants suggested that
the message should emphasize both the dangers of an un-
treated infection and the strong possibility that one might
have this damaging infection without any warning signs:
“That’s why you would put that in a message like if you
were making a commercial. You’d put that you might not
have any symptoms, but this is what can happen to you if
you don’t get tested” (female).

POSSIBLE TESTING VENUES

Ideas about sites to offer urine-based Chlamydia testing
ranged from traditional to novel (Table 3). In general,
males were more enthusiastic than females about receiv-
ing testing at their primary care physician’s office. Sugges-
ted clinic settings included free clinics, health clinics,
STD clinics, and Planned Parenthood clinics. Although
clinic settings offer free testing, experienced staff, and free
condoms, many participants were not comfortable at-
tending clinics because they were located in a part of town
where people could spot them. Participants also had mixed
feelings about testing at school. Although some thought
that this would be a convenient location and people would
not know why they were there, others feared that the clinic
would not be able to maintain students’ confidentiality.
Other sites mentioned as offering privacy because of their
inconspicuous nature included a Laundromat, a library,
a church, and a movie theater. Ideas for urine pickup in-
cluded leaving it in a drop box and putting the speci-
men in a movie theater popcorn bag.

The youth favored obtaining urine specimens in their
own homes, primarily because of the degree of privacy
this method would afford. Urine could be delivered to
the physician, picked up by a health professional, or
mailed to the laboratory or physician’s office. There was
overwhelming enthusiasm for using a home test kit, much
like a home pregnancy test, that could be obtained through
the mail or at a pharmacy.

WAYS TO SPREAD THE WORD ABOUT
THE AVAILABILITY OF URINE TESTING
FOR CHLAMYDIA

Participants’ many creative ideas about ways to spread
the word about noninvasive Chlamydia testing (Table 4)

Table 2. Ways to Motivate More People to Get Tested for Chlamydia

<table>
<thead>
<tr>
<th>Approach</th>
<th>Participant Comments</th>
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</thead>
<tbody>
<tr>
<td>Putting a positive focus on testing</td>
<td>“Make it look like it’s cool to get tested, like you’re a responsible person.” (male)</td>
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<tr>
<td>Provide monetary or other incentives for testing</td>
<td>“The quicker, the sooner, the better you’ll be treated.” (female)</td>
</tr>
<tr>
<td>Provide more information about Chlamydia infection, testing, and treatment</td>
<td>“Pee in a cup and win a pizza.” (male)</td>
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<td></td>
<td>“Some kind of reward.” (male)</td>
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<td>“They should just post information about Chlamydia, about what it does, what the effects of it are.” (male)</td>
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<td></td>
<td>“Cause if they don’t have knowledge about it, then they might be really scared and frightened to go.” (male)</td>
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<td></td>
<td>“Because some people might not want to find out if it’s not curable. But if it’s curable, you might as well get tested, because then you’re better off knowing if you have it.” (male)</td>
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<td></td>
<td>“I think people know about STDs, they just don’t know how much it causes. Like how dramatic the effects can be. ‘Cause most people just think of AIDS.” (female)</td>
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<tr>
<td>Provide support for people who are getting tested</td>
<td>“And let them know that they’re not alone.” (male)</td>
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<td>More privacy at testing site</td>
<td>“If you have support, it makes it that much easier.” (female)</td>
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<tr>
<td>Make test result available faster</td>
<td>“Stress it, you’ve got to make sure everyone feels safe, that it’s confidential.” (male)</td>
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<td>“Instead of putting it directly in the files . . . like a special code or something.” (female)</td>
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<tr>
<td>Low cost or free testing</td>
<td>“Find out the results as soon as possible.” (male)</td>
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<tr>
<td>Offer Chlamydia testing when patients come in for other reasons</td>
<td>“Cause waiting for results is the worst thing.” (female)</td>
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<td>“The only thing is, people might not want to pay.” (male)</td>
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<td></td>
<td>“Pregnancy is something they want to know about. Why not include an STD test with it?” (male)</td>
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<td>“Instead of that person coming to you: I need a Chlamydia test. Why not just offer it to them?” (female)</td>
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<tr>
<td></td>
<td>“Cause you’re not going to the doctor’s for that. They offered.” (female)</td>
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</tbody>
</table>

Abbreviations: AIDS, acquired immunodeficiency syndrome; STD, sexually transmitted disease.
was a recurring theme, as was lack of knowledge and mis-
privacy in testing owing to the stigma associated with STDs
and an STD diagnosis, fear, and denial. The desire for more
included privacy issues, negative feelings associated with
attitudes on the positive side of getting tested (being rea-
and elevated fear of being tested. To combat the stigma and
bad feelings from an STD diagnosis, messages should fo-
cussing on the positive side of getting tested (being rea-
and receiving treatment) to help young people to feel
good about themselves and their decisions.

The youth suggested that messages to young people
need to address the asymptomatic nature of chlamydia
of young people who feel well that they might be in-
fected and that an asymptomatic infection can still cause
damage to their bodies. Although fear arousal tech-

 clubs, and youth centers, were also mentioned as places
where young people could receive information in flyers,
pamphlets, or presentations. Participants recom-
ended recruiting peer counselors as credible spokes-
people. Some offered creative messages or attention-
getting phrases.

Focus group participants’ enthusiasm for using a urine
test to detect Chlamydia was tempered by many remain-
ing concerns. As in previous studies, these included
privacy issues, negative feelings associated with an
STD diagnosis, fear, and denial. The desire for more
privacy in testing owing to the stigma associated with STDs
was a recurring theme, as was lack of knowledge and mis-
conceptions about chlamydia, which contribute to the
fear of being diagnosed with an STD and the confusion
between chlamydia and AIDS.

Participants supported providing more information
about all aspects of chlamydia (effects, testing, and
treatment) to dispel myths, correct misconceptions,
and alleviate fear of being tested. To combat the stigma
and bad feelings from an STD diagnosis, messages should fo-
cus on the positive side of getting tested (being rea-
sonable and receiving treatment) to help young people to feel
good about themselves and their decisions.

Table 3. Possible Sites to Receive Testing

<table>
<thead>
<tr>
<th>Site</th>
<th>Participant Comments</th>
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<tbody>
<tr>
<td>Primary care physician</td>
<td>“You know, like you’re there already, you go in for a checkup or something.” (male)</td>
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<td></td>
<td>“They don’t want to talk to their doctor who’s been their doctor since they were like 5 years old.” (female)</td>
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<td>“I know that if I went in there, I know it’d get to my mom.” (female)</td>
</tr>
<tr>
<td>Clinic setting</td>
<td>“It’s downtown, you walk in there, and like there are people you know there.” (female)</td>
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<tr>
<td>School</td>
<td>“... Because people are constantly getting called down to the school nurse for a shot, for medicine, or whatever. So nobody is going to know what you’re going in there for.” (male)</td>
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<td></td>
<td>“I mean you can’t trust school nurses. They’ll go tell the teacher. Teacher slip it out to a student. Next thing you know, the whole school knows.” (female)</td>
</tr>
<tr>
<td>An inconspicuous place</td>
<td>“Just for the sole reason if I have it, I don’t want nobody to find out.” (male)</td>
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<td></td>
<td>“Say you put it in a place where no one, when you go there, it’s like it don’t attract many people.” (male)</td>
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<td></td>
<td>“Not a lot of people around. If you slip into a bathroom, slip out. Ain’t nobody going to notice what you doing, ’cause they into their [library] books.” (female)</td>
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<tr>
<td>Home test kit</td>
<td>“Nobody knows what you’re doing. They think you’re going to a movie, you’re getting Chlamydia tested.” (female)</td>
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<tr>
<td></td>
<td>“You need a home test kit.” (male)</td>
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<td></td>
<td>“I’ll buy my own pee cup, try to test myself.” (male)</td>
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<tr>
<td></td>
<td>“You know make a kit so you can test yourself at home. Two strips for positive.” (male)</td>
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<td></td>
<td>“So much rather do it at home. Like a pregnancy test.” (female)</td>
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<td></td>
<td>“If they had an at-home pregnancy test for like Chlamydia and stuff, it’d be a lot easier.” (female)</td>
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<td></td>
<td>“It’s private. No one else is really going to know.” (male)</td>
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<td></td>
<td>“I like the 800-number idea. Call the chlamydia hotline . . . and say send me the test thing in the mail.” (male)</td>
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<td>“You make it so you can recognize the box, but not so it’s obvious. Don’t put like Chlamydia test in really big bold letters.” (male)</td>
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<td></td>
<td>“Why can’t they make a kit that’s small, fits in your purse? And that’s convenient.” (female)</td>
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Table 4. Ways to Spread the Word

<table>
<thead>
<tr>
<th>Approach</th>
<th>Participant Comments</th>
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</thead>
<tbody>
<tr>
<td>Television</td>
<td>“Put it on Friends. Make like Joey get tested for Chlamydia and stuff.” (male)</td>
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<td>“Put it on the commercials like during Dawson’s Creek or something.” (male)</td>
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<td>“Have a campaign and let Michael Jordan endorse it.” (male)</td>
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<tr>
<td>School</td>
<td>“They do morning announcements or they hand out little sheets that say Chlamydia test here and whatever and stuff like that.” (male)</td>
</tr>
<tr>
<td>Magazines</td>
<td>“Cause people see it in a magazine and they’re, ‘What’s this?’ You know, it kind of catches their attention.” (male)</td>
</tr>
<tr>
<td>Peer counseling</td>
<td>“I’m saying if you get kids, like kids to talk to other kids, you know they get the word faster. Like if you go to our group to talk to kids, you know what I’m saying, they’re not going to pay attention to you.” (male)</td>
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<td></td>
<td>“I think to get out, to reach out to teenagers, that you need other teenagers to reach out to them. ‘Cause I’m sure that one teenager’s not going to listen to an adult. They prefer listening to their peers.” (female)</td>
</tr>
<tr>
<td>Catchy messages</td>
<td>“Like when they have those commercials ‘Got Milk?’ Everyone remembers. Maybe you should have like ‘Got Chlamydia?’” (female)</td>
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<td>One participant described using the “No smoking” symbol but put a Q-tip in place of the cigarette, and place a urine cup next to the “No Q-tip” symbol to show that this is the new way. A member of this same group suggested the slogan, “No pain, you’ve got a lot to gain.” (male)</td>
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</tbody>
</table>
Many youth at highest risk for chlamydial infection do not receive timely screening for this infection. Newer, noninvasive testing methods should improve screening efforts; however, many obstacles to screening still remain. The young people who participated in this study have informed us of the following: misconceptions about chlamydia need to be dispelled through education with a positive message promoting responsibility, multiple screening techniques and venues should be used, and privacy protection is a pivotal issue.

Techniques have previously been used to promote healthier behavior, results of this study suggest that fear arousal may serve as a deterrent for Chlamydia testing. Other studies have shown that fear of cancer coupled with lack of knowledge about effective therapies may cause patients to avoid screening visits or seeking care for symptoms. Studies in which fear arousal was associated with behavior change have shown that the message must contain a convincing component about the effectiveness of prevention or treatment.

Like other adolescents, the participants had mixed feelings about obtaining STD screening from a primary care physician, school, or other clinic because of concern that their privacy would not be protected. As recommended in a recent Institute of Medicine report, screening should be provided at a variety of venues to reach as many youth as possible.

Participants were enthusiastic about a home testing kit, which could preserve privacy and maintain a sense of control over one’s test results. Although such a test is not yet available, the possibility exists for females to obtain self-administered vaginal or introital swabs and for both males and females to obtain urine in their own homes. Several recent studies have demonstrated the feasibility of this approach, but most have involved participants who were at least 18 years of age. Whether adolescents would be willing to mail or deliver vaginal or urine samples collected at home has yet to be established. If a home testing kit is introduced, it will be important to work out a strategy for follow-up care to patients testing positive who do not have an identified source of health care.

Use of a qualitative method has inherent limitations because the sample size is relatively small. However, focus groups to elicit responses to open-ended questions enable young people to build on each other’s responses, providing rich information otherwise unattainable with traditional survey techniques. We sampled racially and ethnically diverse out-of-school young people in nonmedical settings. Although selection of these young people limits generalizability to other subpopulations, these focus groups had the advantage of giving voice to young people who may not be included in school-based or medical setting–based surveys.

This study was exploratory and therefore hypothesis-generating rather than outcomes based. Future hypothesis-generating studies with other subpopulations of young people are needed. Outcomes-based research can then apply these ideas and evaluate them systematically. For example, development of a home Chlamydia test kit (much like a home pregnancy test) has the potential to substantially increase screening among high-risk youth. In the mean time, we can address these young people’s concerns about testing, dispel misconceptions, and provide more information about chlamydia infection, noninvasive testing, and treatment. Above all, to attract high-risk young people, STD services need to be provided in a manner that preserves privacy and protects confidentiality.

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