

**Identifying the Risk Factors for Contracting Sexually Transmitted Infections among
Women of Low Socioeconomic Statuses in the United States: A Literature Review**

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Research Question: What are the risk factors of STI contraction and transmission among women in low socioeconomic status populations in the United States?

Abstract

Sexually transmitted infections (STIs) are a major public health issue that affects millions of people worldwide. Although there are some intervention methods to aid in this crisis, many groups are affected disproportionately by the consequences of STIs. Women of low socioeconomic status (LSES) are a subgroup that struggles with the effects of STIs. Often, they do not have the resources to prevent or treat STIs once contracted, making them an even more vulnerable population. This literature review looked at the risk factors for contracting and transmitting STIs among women of LSES. Ten articles were reviewed and selected for use from the Global Health and CINAHL databases through the UGA Libraries. From these articles, three distinct risk factors were discovered: low education level, risky sexual behaviors, and use of drugs. These risk factors demonstrated how varying behaviors and social factors can affect physical health and the likeliness of contracting an STI. This literature review can act as a guide to show how individuals, society, and the government can work on decreasing STI contraction rates. Additionally, protecting vulnerable populations, such as women of LSES, from health inequity is a major goal of further STI research and interventions. Continuing research on this topic is crucial to the well-being of millions of people in the United States. Implications of this data will encourage the destigmatization of STIs and sexual health. It may encourage more public funding for education, both general and sexual. Also, providing free contraception and STI testing and treatment centers is an important implication of this research.

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Introduction

Sexually transmitted infections (STIs) are a public health crisis in the United States. Annually, there are over 20 million new cases of STIs among Americans, with diagnosis rates steadily increasing (Satterwhite et al., 2013). In 2018, it was estimated that 20% of the American population currently had an STI (Centers for Disease Control, 2024). STI diagnoses also prove to be a heavy financial burden on the American healthcare system, costing almost 16 billion dollars in 2018 alone (Centers for Disease Control, 2024). STIs are highly contagious infections or diseases that are contracted through sexual contact, specifically intercourse involving genitals, oral contact, or anal contact (Cleveland Clinic, 2023).

There are over a dozen known sexually transmitted infections. Many STIs have existing treatments, but often, they can be a life-long diagnosis. Among the most common are Chlamydia, Gonorrhea, and Human Papillomavirus (HPV) (Shannon & Klausner, 2018). Although these STIs are harmful to all age groups and demographics, women under the age of 25 have a particularly high risk of contracting STIs (Shannon & Klausner, 2018). Additionally, if not treated promptly, the long-lasting effects of these infections can cause more damage to females than males (Shannon & Klausner, 2018).

Among the adverse health effects of contracting an STI is the possibility of developing cancer, specifically from HPV, HBV (hepatitis B), and HIV (human immunodeficiency virus) (Bishop, 2022). Common cancer developments from STI contraction include cervical, throat, penile, anal, and vaginal cancers (Bishop, 2022). Also, there is an increased risk of contracting HIV after the contraction of a different STI (Bishop, 2022). One prevalent consequence of STIs is permanent infertility. Like many other side effects of STIs, infertility rates are higher in women, and the internal reproductive damage is more significant (Bishop, 2022).

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There are several known risk factors for contracting sexually transmitted infections. One of the most prevalent risks is risky sexual behavior. This ranges from improper or inconsistent condom use, having multiple sexual partners, or vaginal, oral, and/or anal sex in a non-monogamous relationship (Yale Medicine, 2025). Additionally, sharing needles with other people, especially for drug injections, can increase the risk of contracting an STI (Yale Medicine, 2025). Certain populations also are at greater risk, including men who have sex with men and individuals under the age of 25 (Yale Medicine, 2025). Although the rate of contraction is roughly equivalent between men and women, females are less likely to seek treatment for STIs. This is because women are more likely to not recognize the symptoms of STIs than men (Yale Medicine, 2025).

Although STIs affect everyone, women, particularly those of LSES, are affected disproportionately. Socioeconomic status is negatively correlated with STI rates (Harling et al., 2013). LSES populations may be more inclined to use sexual practices for income, increasing the chances of unsafe sex practices occurring (Harling et al., 2013). Additionally, lower income is correlated with limited healthcare accessibility, leading to fewer preventative and treatment methods available than groups with a higher SES (Harling et al., 2013). Children who go to underfunded public schools receive less education on reproductive health and safe sex (Atikins et al., 2012). Less health education and limited access to care facilities have an extremely negative effect on the health of individuals and entire populations. On top of an increased risk of contracting STIs, women in LSES populations also have an increased mortality rate from STIs. Women who have a low socioeconomic status are more likely to have fatal effects from an HIV diagnosis compared to women in higher SES populations (McDavid Harrison et al., 2008). There are gaps in the current literature such as why women of LSES do not receive appropriate care for

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STIs. It has not been researched enough why women of LSES are hurt more often and worse than their female counterparts in higher SES communities. New literature should address these gaps fully and identify prevalent risk factors for not receiving appropriate care among women of LSES. This study aims to determine the risk factors of STI contraction and transmission among women of low socioeconomic status in the United States.

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Methods

For this literature review, all articles for the results section were pulled from Global Health and CINAHL. Global Health's database consists of public health and medical research on a great scale ranging from local to global levels. Although focused on nursing, CINAHL has many general health articles that relate to other topics, such as STIs, making it a great database and resource for this literature review. More details on the exact search and selection process for the articles chosen from both databases are detailed in *Figure 1*.

For the Global Health database, the initial search of “sexually transmitted infections OR sexually transmitted diseases OR sti OR std” resulted in 59,837 articles. To include the target population, the next search consisted of “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women)”. This search yielded 20,830 results. Next, the same search was done, but the term “risk factors” was added on, “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women) AND (risk factors)” to make the search more specific, and this produced 6,441 articles. To narrow down the target population even further, the search “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women) AND (risk factors) AND (low socioeconomic status OR low income OR poor OR poverty OR economically disadvantaged)” was used, and this resulted in 2,281 articles. The following search was: “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women) AND (risk factors) AND (low socioeconomic status OR low income OR poor OR poverty OR economically disadvantaged) AND (contraction OR transmission)”. This resulted in 654 pieces of literature. After restricting to English language articles published between 2010-2025 that focused on STIs in the United States, 41 articles remained. A total of five articles from this collection were selected.

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For CINAHL, the initial search “sexually transmitted infections OR sexually transmitted diseases OR sti OR std” was the same. This resulted in 25,736 articles. The search “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women)” resulted in 7,144 articles. A more specific search “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women) AND (risk factors)” was then used to further eliminate unnecessary articles. After this search, 2,904 pieces of literature remained. Adding to the traits of the target population in this literature review, the search “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women) AND (risk factors) AND (low socioeconomic status OR low income OR poor OR poverty OR economically disadvantaged)” was used. This produced 323 articles. Adding on to the previous search, “(sexually transmitted infections OR sexually transmitted diseases OR sti OR std) AND (women) AND (risk factors) AND (low socioeconomic status OR low income OR poor OR poverty OR economically disadvantaged) AND (contraction OR transmission)” was the combination of search terms used. This generated 58 articles. Using the inclusion and exclusion criteria that the articles must be published in English between 2010-2025 and must be published in an academic journal, 29 articles remained. Of these, five were selected.

Inclusion and Exclusion Criteria

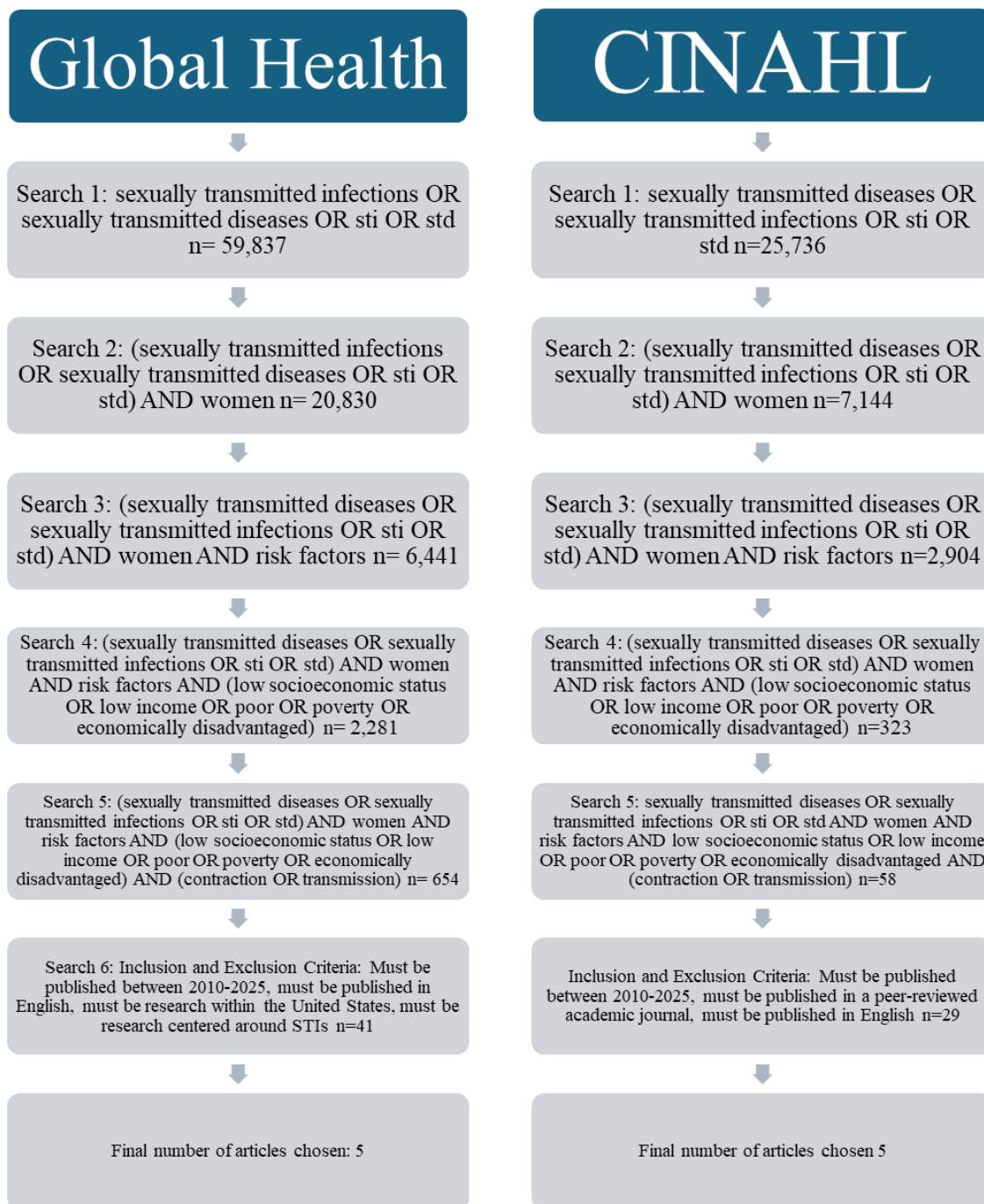
Sexually transmitted infections are a very large, and heavily studied topic. To make the search for this literature review more specific, the terms “women” and “low socioeconomic status OR low income OR poor OR poverty OR economically disadvantaged” were included. This identified the target population, and it eliminated studies that did not include those characteristics. The criteria that studies must be published between 2010-2025 ensured that only current, and relevant data was being shown. Older data may not have been as accurate or as

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important for this review. The articles had to be published in English, ensuring they were readable for the populations reading this review. Additionally, these articles had to come from a peer-reviewed journal article to ensure reliability. Other literature reviews and meta-analyses were not used for this study, as they do not include one specific set of data.

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Figure 1: Article Selection Process



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Results

Sexually transmitted infections are a very important public health issue that affects the well-being and long-term health of the entire global population. For this literature review, ten articles were selected to determine the risk factors for contracting and transmitting STIs among women of LSES. Three general risk factors were found throughout the articles. The first is that education levels impact STI risk. The second is participating in risky sexual behaviors. The third is the use of drugs, including alcohol, marijuana, and hard substances. All three of these risk factors were proven to increase women of low socioeconomic status's risk for contracting and transmitting STIs. See *Table 1* for more information on the ten articles chosen.

Low Education Level

Low education level has been associated with several issues. These include higher likelihood of low socioeconomic status, low access to proper medical care, and less knowledge of safe sexual practices. Individuals living in homes where the head of the household had a high school diploma or less had a higher risk of STI contraction (Hill et al., 2019). An individual having less than a high school diploma led to an increased rate of participation in high-risk sexual behaviors (Justman et al., 2015). A study of female sex workers in Brazil showed that 51.3% of participants had less than nine years of school education. (de Matos et al., 2013). These women were not properly informed about transmission pathways for sexually transmitted infections (de Matos et al., 2013). Of the entire sample, 81.4% of these women did not believe abstinence would stop the spread of STIs (de Matos et al., 2013), likely due to a lack of long-term formal education, including sexual education. Another common transmission pathway that women are not knowledgeable of is breastfeeding. 23.9% of female sex workers from the same study previously mentioned did not know of this transmission route (de Matos et al., 2013). Low education levels are also associated with populations receiving and believing misinformation

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about STIs. For example, many uneducated female sex workers believed using the same silverware as an infected individual could transmit an STI (de Matos et al., 2013). The same women were not aware that mosquito bites themselves cannot transmit STIs (de Matos et al., 2013). Similarly, many women are not aware that certain viruses can be classified as STIs when transmitted through sexual contact. Zika virus is an example of an illness women of childbearing age did not know could be sexually transmitted (Anderson et al., 2022). Public health officials attempt to compensate for lower education levels with STI informational campaigns. However, despite their efforts, misinformation is often spread through social media outlets (Anderson et al., 2022). This furthers the educational gap between higher and lower-educated populations, as lower-educated groups do not receive proper information even from public health efforts (Anderson et al., 2022). Education on vaccines, a preventative measure that lowers one's risk of contracting an STI, is limited as well. Only 28% of residents living at the U.S.-Mexico border knew that there was a safe and effective HPV vaccine (Tabler et al., 2018). Not being properly educated on the existence, benefits, and purposes of the HPV vaccine put these residents at a higher risk of contracting HPV (Tabler et al., 2018). This may indicate a lower level of holistic sexual education, posing as a threatening risk factor for STI contraction and transmission.

Risky Sexual Behaviors

Several studies found that participating in various risky sexual behaviors increased individuals' risk of contracting an STI. Around 20% of women engage in high-risk behaviors, making them more susceptible to STIs like HIV (Justman et al., 2015). Additionally, 82% of women, from this study, did not use protection when engaging in their most recent vaginal sexual encounter (Justman et al., 2015). Similarly, 86% of women who participate in anal sex do not use protection regularly for anal sex (Livak et al., 2012). This led to 30% of women being diagnosed

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with an STI following unprotected anal sex (Livak et al., 2012). Comparatively, women who did not engage in anal sex only had a 12% diagnosis rate (Livak et al., 2012). Transactional sex is a high-risk sexual behavior. Approximately 33.4% of women of LSES with opioid use disorder (OUD) engaged in transactional sex (Ellis et al., 2023). Of this population, 62.3% had a history of STI contraction (Ellis et al., 2023). This was nearly double that of their counterparts who did not engage in transactional sex (Ellis et al., 2023). Fear of infidelity and social stigmas among women of LSES contribute to condom refusal, leading to unprotected sex (Paxton et al., 2013). This behavior alone can ultimately lead to STI contraction. Younger generations of LSES African American women are more likely to encourage condom usage and open discussions about using protection during intercourse (Paxton et al., 2013). This is due to a cultural and societal shift towards promoting safe sex practices and the slow destigmatization of STIs. This led to less STI diagnoses of younger LSES African American women than middle aged LSES African American women who are not aware or uncomfortable with these cultural and societal shifts (Paxton et al., 2013). When condoms are used more often, STI diagnoses have seemed to decrease significantly in LSES African American populations (Paxton et al., 2013).

Use of Drugs

Several of the articles detailed that drug usage, including alcohol, marijuana, and hard substances, increased the risk for STI contraction. Non-drug user adolescents in the United States had approximately an 11% STI contraction rate by the age of 25 (Green et al., 2017). Comparatively, 30% of high dual users of alcohol and marijuana reported contracting an STI by the age of 25. Also, 24% of moderate alcohol and increasing marijuana use individuals and 22% of moderate alcohol users reported STIs by age 25 (Green et al., 2017). The rate of STI contraction among adolescent female drug users in this study was 33% (Green et al., 2017). This

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is almost double that of adolescent male drug users who only had a 16.8% prevalence (Green et al., 2017). Women using marijuana and other illicit drugs had a much higher rate of STI contraction, 100% and 37% respectively, compared to 0% of women who did not use drugs (Hill et al., 2019). When comparing unhoused and housed women in the United States, those of LSES combined with at-risk alcohol usage had a much higher rate of HSV-2 (Kelly et al., 2016). There was also a strong correlation among unhoused women, at-risk alcohol usage, and a previous diagnosis of HIV compared to housed women (Kelly et al., 2016). This further emphasizes the role alcohol may play in STI contraction among women of LSES. People who engage in illicit drug use and binge drinking also may engage in riskier sexual behaviors, such as anal sex (Livak et al., 2012). Both are risk factors that increase the likelihood of developing an STI.

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Table 1. Detailed Summary of Articles Reviewed

	Author(s)	Year	Article Title and Journal	Purpose of article	Sample info	Type of Research	Research Findings	Limitations of article
1	Anderson, E.J., Ernst, K., Garcia, D.O., Lopez, E., Pogreba Brown, K., Austhof, E., Carr McCuin, D., Hayden, M.H., Koss, M.P.	2021	Knowledge of Sexual Transmission of Zika Virus Among Women Who Are Pregnant or Intend to Become Pregnant, Arizona, 2017	The aim of the article was to determine how effective public health STI sources were at informing women who were pregnant or intended to get pregnant on their risk of contracting and/or transmitting STIs, specifically Zika virus.	710 women of childbearing age (18-49) in Arizona	Secondary analysis	The study found that women of childbearing age were not informed properly on sexual health and the transmission and contraction of many STIs, specifically Zika virus, despite information being published by both formal public health outlets and informal outlets, such as social media. In fact, social media has proven to spread false information about STIs and their subsequent vaccines.	The study wasn't able to determine the education level or exact socioeconomic status of the women within the study. There was a sampling bias towards Hispanic women, as 1.0% of the surveys were answered in Spanish. Some information that women rely on also may not be seen as reliable, such as news from social media or unreliable websites.
2	Ellis, M.S., Kasper, Z.A., Takenaka, B., Buttram, M.E., Shacham, E.	2023	Associations of Transactional Sex and Sexually Transmitted Infections Among Treatment-Seeking	The aim of the study was to determine the connection between opioid use disorder and	4,366 individuals from the Survey of Key Informants'	Serial, cross-sectional study	The study found that 33.4% of females had reported engaging in transactional sex, while only	Transactional sex, in this study, was defined as trading sex for drugs, not money food, shelter, etc. This could skew the data

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			Individuals With Opioid Use Disorder	transactional sex, along with the prevalence of STI diagnoses resulting directly from transactional sex.	Patients (SKIP) program 1,086 participated in transactional sex Aged 18+		18.6% of men reported engaging in transactional sex. Additionally, those relying on government assistance, help from family or friends, or covered through government insurance were more likely to engage in transactional sex. These factors often indicated LSES. 62.3% of those who engaged in transactional sex had a history of an STI, almost double the rate of those who do not/have not participated in transactional sex.	slightly and not account for other items one may engage in transactional sex. Due to the social nature of transactional sex, there could be some bias in the study due to people not fully or truthfully reporting data. Additionally, it is not possible to completely generalize these results to all individuals with opioid use disorder because of a difference in treatment options, access, and knowledge of STIs and drug use.
3	Green, K.M., Musci, R.J., Matson, P.A., Johnson, R.M., Reboussin, B.A., Ialongo, N.S.	2017	Developmental Patterns of Adolescent Marijuana and Alcohol Use and Their Joint Association with	The aim of this study was to identify how alcohol and marijuana usage between the ages of 6 and 25	608 individuals who had sufficient data over time	Longitudinal Latent Profile Analysis	This study found that over 33% of women had contracted an STI by 25, significantly higher than men's	Since the study was an observation study, cause and effect cannot be determined. Usage of drugs and alcohol as well as risky sexual behaviors

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			Sexual Risk Behavior and Outcomes in Young Adulthood	affected sexually risky behaviors, potentially leading to STI contraction and/or transmission. =	Ages 6-25 46.3% female 70.1% low income		16.8%. 30% of High dual use [marijuana and alcohol], 24% of moderate alcohol or increasing marijuana, and 22% of moderate alcohol users contracted an STI whereas only 11% of non-users had contracted an STI.	and outcomes were self-reported, leaving room for potential bias in the data. The original study was started in 1993, so studies starting current day may show different findings in 20-30 years due to a population shift and time gap. Also, it may be hard to generalize these results to other large cities or areas.
4	Hill, A.V., De Genna, N.M., Perez-Patron, M.J., Gilreath, T.D., Tekwe, C., Taylor, B.D.	2019	Identifying Syndemics for Sexually Transmitted Infections Among Young Adults in the United States: A Latent Class Analysis	The aim of the article was to determine the risk for STI contraction based on gender and racial/ethnic classes.	1,664 men and women Ages 18-25	Cross-sectional analysis	The study found that women living in poverty and living in homes where the head of household had a high school diploma or less were associated with an increased risk for STI contraction. Additionally, Black and Hispanic women were found to have a higher STI risk than white women.	A small sample size of certain demographics made it so that the sample may not have accurately depicted the US population. The gender of sexual partners of the participants was not included, potentially skewing or explaining data further, as a partner's characteristics could be a risk factor. Other races/ethnicities were not included, such as Asian Americans,

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							Women who used drugs, both marijuana, 100% in class 1, and other illicit drugs, 37% in class 1, had a higher prevalence of STIs than women who did not use drugs, 0% in class 2.	therefore not being completely representative of the general population.
5	Justman, J., Befus, M., Hughes, J., Wang, J., Golin, C.E., Adimora, A.A., Kuo, I., Haley, D.F., Del Rio, C., El-Sadr, W.M., Rompalo, A., Mannheimer, S., Soto-Torres, L., Hodder, S.	2015	Sexual Behaviors of US Women at Risk of HIV Acquisition: A Longitudinal Analysis of Findings from HPTM 064 <i>Springer Nature Link</i>	The aim of the article was to detail how and discover why women of low ses are disproportionately affected by STIs, specifically HIV, due to their participation in high-risk sexual behaviors.	2,099 self-identified women Ages 18-44 years old	Multisite, longitudinal observational HIV seroincidence study	The study found that low education levels as described as less than a high school diploma, financial struggles, and food insecurity, lead to participation in high-risk sexual behaviors. About 50% of the participants were found to engage in low-risk patterns, while approximately 20% were found to engage in high-risk patterns. Additionally, it found that of the	HPTM 064's data only lead to a limited number of interventions for HIV infections, but the incidence decreased. Another limitation is that some women may not have been honest with their responses, especially about their knowledge of their previous sexual partners' STI or HIV histories. This could introduce bias into the results.

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							last time vaginal intercourse occurred, 82% of participants did not use protection.	
6	Kelly, J.D., Cohen, J., Grimes, B., Philip, S.S., Weiser, S.D., Riley, E.D.	2016	High Rates of Herpes Simplex Virus Type 2 Infection in Homeless Women: Informing Public Health Strategies <i>Journal of Women's Health</i>	The aim of the article was to determine the seroprevalence of HSV-2 in homeless and unhoused women compared to the national seroprevalence among women.	213 homeless or unhoused women Aged 43-54	Cross-sectional study	The study found that women who were homeless or unhoused had an 88% seroprevalence of HSV-2 compared to 21-24% of women in the United States' general population. Of the 88% with HSV-2, only 17% had a previous diagnosis. There was a positive correlation between HSV-2 contraction and at-risk alcohol usage. Women with higher incomes had a lower rate of HSV-2. Women who live with HIV also had a higher seroprevalence within this	The sample size was small in comparison to what was being studied and therefore could be difficult to generalize to the larger female homeless and unhoused populations in the country. Causation could not be determined due to the timeline of the study, and HSV-2 was likely contracted before the study began.

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							population of HSV-2.	
7	Livak, B.S., Prachand, N.G., Benbow, N.	2012	Anal Intercourse and HIV Risk Among Low-Income Heterosexual Women: Findings from Chicago HIV Behavioral Surveillance	The aim of the article was to determine the risk factor associated with anal intercourse among heterosexual women, potentially with increased risk for HIV contraction.	407 women living in Chicago Ages 18-50	Cross-sectional study, survey	The study found that 17% of the subjects participated in anal sex within the last 12 months, and 86% of that intercourse was unprotected. 30% of respondents that engaged in anal intercourse had been diagnosed with an STI within the last 12 months compared to only 12% of women who did not have anal intercourse in the last 12 months. 42% of women used an illicit non-injection drug within the last 12 months. 38% claimed to binge drink at least once a month in the last 12 months.	This study could not determine cause and effect since it was a cross-sectional study. It is possible that there was bias due to the fact that the data was self-reported, and sexual health can be stigmatized leading people to not always reporting the truth.

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8	Matos, M.A., Caetano, K.A.A., França, D.D.S., Pinheiro, R.S., Moraes, L.C., Teles, S.A.,	2013	Vulnerability to Sexually Transmitted Infections in women who sell sex on the route of prostitution and sex tourism in Central Brazil <i>SciElo Brazil</i>	The aim of the article was to determine the knowledge surrounding STDs among female sex workers, FSW, in Goiania, the risk factors of contracting STDs, and the symptoms among the FSWs.	395 female prostitutes who work in public or private areas in Goiania Above 18 years old	Cross-sectional study	The study found that FSWs often had basic sexual knowledge about STDs, such as some of the transmission pathways, but many did not know all valid transmission pathways, recognize symptoms, and/or how to prevent contraction of STDs in the first place.	The sample was not completely randomized, as they used respondent-driven sampling, RDS, to contact FSWs. Additionally, FSWs who had contracted STDs were measured by self-reported vaginal discharge or a wound/ulcer in the genital areas which can lead to bias, as not all women may have reported or reported truthfully.
9	Paxton, K.C., Williams, J.K., Bolden, S., Guzman, Y., Harawa, N.T.	2017	HIV Risk Behaviors among African American Women with at-Risk Male Partners	The aim of the article was to determine if women were at a greater risk for contracting HIV/STIs due to their male partner's sexual behaviors, and what type of relationship characteristics led to a higher risk for the female to	24 women who self-identified as African American Ages 26-54 Sexual activity with an <i>at-risk</i> African American male.	Semi-structured interview	This study found that many African American women are not willing to bring up condom usage to long-term partners, out of a fear of suspicion of infidelity. Older African American women were less likely to feel comfortable bringing this topic up for discussion	The sample size of this study was small which makes it difficult to generalize the data to a much bigger population. Also, individuals are often hesitant to share personal, sexual information due to stigma and negative communal view on certain behaviors, leading to potential bias within the study

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				contract HIV/STIs.			as compared to younger African American women due to a positive cultural and societal shift on the view of condoms in younger generations.	results. The women's individual risk factors were not heavily considered in this study, but instead their risk factors as they pertain to their sexual encounters with <i>at-risk</i> male sexual partners. This could mean that some of their issues and susceptibility could be due to their own risk factors that have nothing to do with their <i>at-risk</i> male sexual partners.
10	Tabler, J., Mykyta, L., Schmitz, R.M., Kamimura, A., Martinez, D.A., Martinez, R.D., Flores, P., Gonzalez, K., Marquez, A., Marroquin, G., Torres, A.	2018	Social Determinants of Sexual Behavior and Awareness of Sexually Transmitted Infections (STI) Among Low-Income HIV+ or STI At-Risk Hispanic Residents Receiving Care at the U.S.-Mexico Border	The aim of the article was to determine how many Hispanic and non-Hispanic border-residing individuals were at an elevated risk of transmitting STIs/HIV due to healthcare barriers and propose meaningful solutions.	282 participants, 82 female, 200 male, living at the U.S.-Mexico border	Self-administered survey, convenience sample	The study found that only 28% of the population knew there was an HPV vaccine, indicating a lack of sexual education among all demographics that participated in the study.	The sample size of this study hindered their ability to determine differences between populations, such as those identifying with different sexualities or those of varying citizenship status. Also, the study did not encapsulate all of the populations that are at an elevated risk for transmitting STIs,

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			<i>Journal of Community Health</i>						such as people who identify as trans and female sex workers.
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Discussion

The purpose of this literature review was to determine the risk factors for contracting and transmitting STIs among women of LSES. Out of the dozens of risk factors, low education levels, risky sexual behaviors, and drug usage were among the most prevalent and influential, especially for women of LSES. Women are more likely than men to contract an STI and also have more severe consequences from them (U.S. Department of Health and Human Services, 2025). Women of LSES may not have the same resources as women who are more economically advantaged, putting LSES women at a higher risk. Low education levels are often due to a lack of resources and proper school funding in low-income areas (American Psychological Association, 2017). The findings also suggested that low-income areas do not have access to proper sexual education materials. Risky sexual behaviors are more common among LSES populations due to social stigma (Paxton et al., 2013), access or willingness to use contraception (Paxton et al., 2013), and knowledge of safe sex (Justman et al., 2015). Drug usage is high in LSES communities (Kelly et al., 2016) and is highly correlated to a high rate of STI contraction (Hill et al., 2019).

This community already suffers from many health problems relating to the risk factors mentioned previously. Women of LSES have an increased risk of developing cervical cancer from not being vaccinated against HPV (Princing, 2020). Fertility issues may also arise if STIs are contracted and not treated, and many women of LSES do not have access to medical professionals (Princing, 2020). Many women of LSES have undetected STIs, and they can lead to pelvic inflammatory disease which can have irreversible effects on the reproductive system (Princing, 2020). Many efforts are currently in place to try and reduce the risk of contracting STIs. In 2013, many states created STI clinics, mandatory treatment centers, and more

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confidential record-keeping (Leichliter et al., 2017). Expedited Partner Therapy (EPT) is a way to treat the partner of a client diagnosed with an STI without seeking separate medical help (Texas Health and Human Services, 2025). EPT can help reduce the rates of STI transmission to non-infected individuals. EPT also reduces the rate of re-infection among those with a previous STI diagnosis (Texas Health and Human Services, 2025). Increasing access to education among women of LSES also is closing this medical gap. By eliminating school fees, women can attend school and become more educated (Scheidell et al., 2018). This will result in more sexual knowledge as well as a decrease in the likelihood of participating in risky sexual behaviors (Scheidell et al., 2018). Increasing vaccine awareness and accessibility will help keep the transmission of certain STIs at bay. HPV and hepatitis B are the only STIs with vaccines, but receiving those vaccines can eliminate the risk of many serious health consequences (World Health Organization, 2025).

Public health professionals are currently putting in a significant amount of work to decrease STI prevalence in LSES communities. The CDC has already implemented programs to prioritize STI screening and treatment for priority populations (Centers for Disease Control, 2022). In the future, it would be ideal for these priority populations to encompass LSES women. Additionally, the CDC is continuing to monitor already implemented programs that decrease barriers to healthcare to those disproportionately affected by STIs (Centers for Disease Control, 2022).

Limitations

The biggest limitation in this literature review is that only 10 articles were selected to be analyzed for the results. The body of research on STIs is large and their risk factors have been well studied. By only using 10 pieces of literature, some important STI information may have

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been missed in this review. Other important factors for STIs were likely not included within this paper due to the limited number of articles selected. Another limitation is that STIs are highly stigmatized in U.S. culture. This could have led participants to not be truthful about all their responses. Sampling bias may be an issue due to the social stigma. More data could have been analyzed on broader and more specific groups of women of LSES. However, with limited pieces of evidence, this type of analysis was not possible for this paper.

Implications

Future Research

Discovering more prevention and intervention methods for STIs and making this information widely available could be helpful. Further identifying specific risk factors that affect certain groups disproportionately would close health gaps and lead the country to health equity (Ndugga et al., 2024). Some types of STIs are becoming drug-resistant to current treatments, so doing more research to ensure treatments are effective in the future is crucial (World Health Organization, 2024).

Future Practice

As a culture, working to destigmatize STIs, and sexual topics in general, would help protect those suffering from STIs. People who have been diagnosed with STIs may feel more comfortable seeking treatment or testing options if it becomes more socially acceptable to do so (The Los Angeles Trust for Children's Health, 2025). Eliminating victim-blaming and shaming people for their sexual experiences and behaviors would aid in this destigmatization process. Better educating communities on the signs and symptoms of STIs, as well as the importance of being tested would lead to a healthier population (World Health Organization, 2024). A lack of public awareness and information availability is a large barrier to proper care now (World Health

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Organization, 2024). Creating more public health initiatives that aim to fix this disconnect of information would benefit millions of Americans annually.

Future Policy

Additional government aid for providing sexual education courses to everyone, regardless of socioeconomic status, would help close the STI gap (American Academy of Pediatrics, 2024). Creating multiple nationally approved outlets to receive sexual education, such as online, in school, and at work, is vital to this effort (American Academy of Pediatrics, 2024). Providing free contraception and improving large-scale organizations like government aid programs would also be beneficial. Contraception can lower people's vulnerability to STIs as well as prevent pregnancies that could lead to STI transmission from mother to baby (Levine et al., 2006).

Conclusion

STIs are a very important public health issue that affects many people globally. This literature review summarized the findings from 10 articles about the contraction and transmission of STIs. Women of LSES are disproportionately affected by STIs, and determining their risk factors is wildly important. This data can be used to further provide information to create prevention, intervention, and treatment strategies to help those suffering from STIs. More research on the health disparities surrounding STIs and their risk factors is essential to obtaining health equity in the future.

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