

# Determinants of Self-Reported Pelvic Inflammatory Disease among United States Women Aged 15 - 50

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#### Abstract

**Background:** According to the Centers for Disease Control and Prevention (CDC), the estimated prevalence of self-reported lifetime pelvic inflammatory disease (PID) was 4.4% among sexually experienced women of reproductive age (18–44 years). The objective of this study is to assess factors associated with self-reported PID among U.S. women aged 15-50.

**Methods:** Data were analyzed from the 2017-2019 National Survey of Family (N=6133). A multivariable logistics regression analysis was conducted to estimate the adjusted odds ratios (AORs) and 95% Confidence Intervals (95% CIs) for factors associated with self-reported PID. Analyses were conducted through SAS version 9.4.

**Results:** After adjusting for socioeconomic factors and medical factors, higher odds of self-reported PID were observed among women aged 20–29 (AOR = 6.96; 95% CI, 2.05-23.65), 30 - 39 (AOR = 8.93; 95% CI, 2.55-31.31), and 40 - 50 (AOR = 10.98; 95% CI, 3.14-38.38), compared to those aged 15–19. Women who had 1 - 2 childbirths (AOR = 1.77; 95% CI, 1.18-2.67) or 3 or more previous childbirths (AOR = 1.72; 95% CI, 1.03-2.87) also had increased odds of reporting PID. Additionally, those covered by Medicaid, the Children's Health Insurance Program (CHIP), or a state-sponsored health plan were more likely to report PID treatment (AOR = 1.73; 95% CI, 1.12–2.66).

**Conclusion:** Women aged 20 and older, those with previous childbirths, and those enrolled in public insurance programs exhibited significantly higher odds of reporting PID. These findings underscore the need for targeted prevention and education strategies within these populations.

Keywords: Determinants, Pelvic Inflammatory Disease, Women's health, United States

## **1. INTRODUCTION**

In the United States, approximately 20 million new sexually transmitted disease (STD) infections occur each year, with rates annually increasing (Rachel L. Levine, 2022). Among those affected, women are at a higher risk for contracting these new STDs along with experiencing severe health consequences. The increased prevalence is due to the nature of the female anatomy being more exposed and vulnerable to STIs and STDs in comparison to their male counterparts (Van Gerwen et al., 2022). These consequences include pelvic inflammatory disease (PID), ectopic pregnancy, infertility, and chronic pelvic pain. The prevalence of self-reported lifetime PID was highest among women with a history of previous STI diagnoses (Amy Curry, 2019). Between 2013 and 2014, an estimated 4.4% of reproductive women aged 18–44 reported a lifetime history of PID, representing approximately 2.5 million women in the U.S. (Amy Curry, 2019; CDC, 2021b).

PID is widely recognized by clinicians as both a distinct disease and a serious complication of untreated STDs and infections, including bacterial vaginosis. The preceding infection typically ascends from the lower to the upper genital tract, affecting the uterus, fallopian tubes, and ovaries (CDC, 2021b). This can result in inflammatory damage such as scarring, adhesions, and partial or complete tubal obstruction (Jennings & Krywko, 2021). However, the true prevalence of PID is likely underestimated due to frequent misdiagnosis and underdiagnosis, stemming from inconsistent

diagnostic standards and procedures. Furthermore, many cases are asymptomatic, and mild or non-specific symptoms—such as abnormal bleeding, painful intercourse (dyspareunia), and vaginal discharge—may not be recognized by patients or healthcare providers, complicating differential diagnosis (Turpin et al., 2021).

If left untreated, PID can lead to significant and lasting health consequences, including chronic pelvic pain, infertility, ectopic pregnancy, and intra-abdominal infections (Amy Curry, 2019; CDC, 2021b). While much of the existing literature focuses on PID as a long-term consequence of STDs, there is a need for greater understanding of the sociodemographic and behavioral factors that predict PID. This study seeks to address that gap by examining factors associated with self-reported PID among women aged 15 to 50 in the U.S. Identifying these predictors may inform the development of targeted interventions to reduce the burden of PID among women.

## 2. METHODS

## 2.1. Data and Source

Data from the 2017-2019 National Survey of Family Growth (NSFG) were analyzed. The NSFG collects nationally representative data on general health and health-related behaviors, with a focus on family formation, fertility, and reproductive health among civilian, non-institutionalized individuals aged 15–49 residing in the United States (CDC, 2023).

The National Survey of Family Growth (NSFG) was the first national survey to implement computer-assisted personal interviewing (CAPI). Launched in 1974, it initially focused on married women aged 15–44 but has since expanded to include individuals aged 15–49 to better capture the reproductive health and behaviors of the U.S. population. Since conducting a continuous survey in 2006, the NSFG has conducted inperson interviews and administered optional assessments to address sensitive topics. It utilizes a scientifically random sample of U.S. households; once eligibility is confirmed, one individual per household is selected, ensuring representative data (CDC, 2023).

The 2015–2019 NSFG collected distinct data for men and women. For women, topics included pregnancy and birth history, relationship and contraceptive history, impaired fecundity, infertility services, reproductive health, family planning, insurance, occupation, religion, adopted and nonbiological children, and geographic location. The men's questionnaire addressed sexual behavior, sex education, vasectomy, relationship and fatherhood history, future childbearing plans, health status, military service, and residence (CDC, 2021a). Sociodemographic variables for all participants included age, sex, race/ethnicity, marital status, education, employment, and income.

Since transitioning to a continuous design, the NSFG has surveyed over 42,000 adults nationwide. Between 2015 and 2019, the median response rate for women was 65.9%, with a range from 63.6% to 71.2% across racial/ethnic groups (CDC, 2023; National Center for Health Statistics, 2020). The NSFG data are widely used in public health research and policymaking at all levels of government. Because the data are publicly available, no special use agreements were required for this study.

## 2.2. Measures

In this study, all data were based on self-reported information collected from the 2017-2019 NSFG. To identify women with a history of PID, respondents were asked whether they had ever been treated for PID. Women who answered "yes" were classified as having self-reported PID.

## 2.3. Dependent Variable

The prevalence of self-reported PID was determined by responses to the question: "Have you ever been treated for PID?" Possible answers included "yes," "no," "don't know," or "refused." For this analysis, only responses of "yes" and "no" were included. Responses of "don't know," "refused," and any missing data were excluded to reduce potential errors.

## **3.** COVARIATES

Sociodemographic characteristics served as control variables, including age, race and ethnicity, poverty status, marital status, education, and insurance coverage. Additionally, the parity and the number of future births expected were included as covariates. Parity was defined by responses to the question, "How many total live births have you had?" with possible responses of "0," "1-2," or "3." The number of future births expected was determined by responses to the question, "(Not counting your current pregnancy,) how many more babies do you intend to have?" with options of "0," "1-2," or "3 or more."

## 4. DATA ANALYSIS

A bivariate logistic regression analysis was initially conducted to identify factors independently associated with self-reported PID. All variables achieving a significance level of P  $\leq$  .05 in the bivariate analysis were included in the final multivariable logistic regression model, which estimated adjusted odds ratios (AORs) and 95% confidence intervals (95% CIs). All analyses were conducted using SAS version 9.4 (SAS Institute).

## 5. RESULTS

Table 1 provides an overview of the socioeconomic and medical predictors among the study participants. The table includes the number and percentage of respondents based on age, race and ethnicity, poverty status, marital status, educational attainment, insurance coverage,

parity, and the number of future births expected. Among the 6,133 participants who responded to the question, "Have you ever been treated for PID?", 216 (4.0%) reported having been treated for PID, while 5,917 (96.0%) reported not having received treatment. The highest proportion of respondents with a history of PID treatment were women aged 40 to 50 (5.3%), non-Hispanic Black (4.7%), with incomes below 100% of the federal poverty level (5.1%), some college education (4.4%), enrolled in Medicaid, CHIP, or a state-sponsored health plan (5.1%), cohabiting with a partner (5.0%), having given birth to three or more children (5.7%), and expecting no future children (4.9%) (Table 1).

**Table 1.** Number and Percentage of Women Who Reported Treatment for Pelvic Inflammatory Disease by Select

 Characteristics: 2017-2019 NSFG, United States

	Self-Reported Pelvic Inflammatory Disease (N=6,133)			
Characteristics	Yes	No	Total	p-value
	n (%)	n (%)	n (%)	F
Overall	216 (4.0)	5917 (96.0)	6133 (100.0)	
Age Group				<.0001
15 to 19	3 (0.3)	967 (99.7)	970 (100.0)	
20 to 29	54 (3.0)	1770 (97.0)	1824 (100.0)	
30 to 39	83 (4.4)	1814 (95.6)	1897 (100.0)	
40 to 50	76 (5.3)	1366 (94.7)	1442 (100.0)	
Race				0.0015
Hispanic/Latino	37 (2.2)	1673 (97.8)	1710 (100.0)	
Non-Hispanic White, Single Race	100 (3.7)	2601 (96.3)	2701 (100.0)	
Non-Hispanic Black, Single Race	56 (4.7)	1132 (95.3)	1188 (100.0)	
Non-Hispanic Other or Multiple Race	23 (4.3)	511 (95.7)	534 (100.0)	
Poverty Level				0.0002
< 100% Federal Poverty Level	81 (5.1)	1515 (94.9)	1596 (100.0)	
100% - 199%	84 (2.7)	2979 (97.3)	3063 (100.0)	
200% - 300% or Higher	51 (3.5)	1423 (96.5)	1474 (100.0)	
Education Level				0.0441
No High School Diploma	28 (2.4)	1138 (97.6)	1166 (100.0)	
High School or GED	63 (3.9)	1547 (96.1)	1610 (100.0)	
Some College	54 (4.4)	1171 (95.6)	1225 (100.0)	
College Graduate	71 (3.3)	2061 (96.7)	2132 (100.0)	
Current Health Insurance Status				<.0001
Private Insurance or Medi-Gap	89 (2.6)	3369 (97.4)	3458 (100.0)	
Medicaid, CHIP, or state-sponsored health plan	79 (5.1)	1464 (94.9)	1543 (100.0)	
Medicare, Military health care, or other government	14 (4.8)	278 (95.2)	292 (100.0)	
Single-Service plan, only by the Indian Health Service, or currently not covered by health insurance	34 (4.0)	806 (96.0)	840 (100.0)	
Marital Status				0.0540
Married	65 (3.4)	1845 (96.6)	1910 (100.0)	
Cohabitating	38 (5.0)	716 (95.0)	754 (100.0)	1
Not Living with a Partner	113 (3.3)	3345 (96.7)	3458 (100.0)	1
Parity	- (/	· · · · · /		<.0001
0	47 (1.7)	2778 (98.3)	2825 (100.0)	
1-2	108 (4.8)	2127 (95.2)	2235 (100.0)	

3 or More	61 (5.7)	1012 (94.3)	1073 (100.0)	
Number of Future Expected Births				<.0001
0	157 (4.9)	3068 (95.1)	3225 (100.0)	
1-2	50 (2.2)	2223 (97.8)	2273 (100.0)	
3 or more	9 (1.4)	626 (98.6)	635 (100.0)	

Table 2 presents the results of the multivariate logistic regression model. Factors associated with higher odds of self-reporting PID treatment include being a woman aged 20 to 29 years (AOR = 6.96; 95% CI, 2.05-23.65), 30 to 39 years (AOR = 8.93; 95% CI, 2.55-31.31), and 40 to 50 years (AOR = 10.98; 95% CI, 3.14-38.38). Additionally, women who had 1 to 2 previous

childbirths (AOR = 1.77; 95% CI, 1.18-2.67), 3 or more previous childbirths (AOR = 1.72; 95% CI, 1.03-2.87), and those enrolled in Medicaid, the Children's Health Insurance Program (CHIP), or a state-sponsored health plan (AOR = 1.73; 95% CI, 1.12-2.66) exhibited greater odds of reporting PID treatment.

**Table 2.** Multivariable associations between self-reported Treatments for pelvic inflammatory disease among women by select characteristics: 2017–2019 National Survey of Family Growth (NSFG), United States.

	Self-reported pelvic inflammatory disease (N=216)	
Characteristics	AOR	95% CI
Age Group		
15-19	REF	
20-29	6.96	2.05-23.65
30-39	8.93	2.55-31.31
40-50	10.98	3.14-38.38
Race		
Non-Hispanic White, Single Race	REF	
Hispanic	0.48	0.31-0.73
Non-Hispanic Black, Single Race	1.04	0.71-1.52
Non-Hispanic Other or Multiple Race	1.14	0.71-1.83
Poverty Level		
200%-300% or Higher	REF	
100%-199%	0.85	0.57-1.27
<100%	1.43	0.98-2.09
Education Level		
College Graduate	REF	
High School or GED	0.85	0.56-1.29
No High School Diploma	0.88	0.50-1.56
Some College	1.22	0.82-1.83
Current Health Insurance Status		
Private Insurance or Medi-Gap	REF	
Medicaid, CHIP, or state-sponsored health plan	1.73	1.12-2.66
Medicare, Military health care, or other government	1.76	0.98-3.17
Single-Service plan only by the Indian Health Service	1 55	0 97-2 49
or currently not covered by health insurance	1.55	0.97 2.19
Marital Status		
Married	REF	
Cohabitating	1.55	1.00-2.40
Not living with a partner	1.26	0.88-1.81
Parity		
0	REF	
1-2	1.77	1.18-2.67
3 or more	1.72	1.03-2.87
Number of Future Expected Births		
0	REF	
1-2	0.72	0.50-1.04
3 or more	0.85	0.41-1.77
	•	•

Note: AOR=adjusted odds ratio; CI= confidence interval

#### 6. **DISCUSSION**

Similar to previous studies (Anyalechi et al., 2021; Kreisel et al., 2017; Kreisel et al., 2021; Mitchell et al., 2021; Turpin et al., 2021; Wang et al., 2023), the prevalence of pelvic inflammatory disease (PID) in the study population was found to be 4.0%. In line with prior research (Greydanus et al., 2022; Neo et al., 2022; Trent, 2013), women aged 20 to 29 were found to be seven times more likely to report PID. Women aged 30 to 39 were almost nine times more likely, mirroring the findings of Anyalechi et al. (Anyalechi et al., 2019). Additionally, women aged 40 to 50 were 11 times more likely to report PID, a result that aligns with a study conducted by Leichliter et al. (Leichliter et al., 2013). However, this finding contrasts with previous literature suggesting that women aged 40-50 years are least likely to have PID (Anyalechi et al., 2019; Greydanus et al., 2022). This study's results suggest that women aged 20-50 are more likely to report PID. Potential explanations for the increased likelihood of PID reporting among women aged 40 to 50 include a higher propensity to visit healthcare providers and adhere to treatment regimens (Michelle Long, 2021; Vahratian, 2017). Furthermore, younger women, particularly those under 25, are less likely to visit the doctor for routine checkups. Given that PID is often asymptomatic, it is plausible that younger women may not selfreport PID as they are less likely to seek medical care or undergo screenings due to the lack of visible symptoms.

Parity refers to the number of pregnancies a woman has carried for at least 20 weeks, regardless of whether the pregnancy resulted in a live birth. This study indicates that women who have experienced one or more pregnancies are at greater risk for developing PID. These findings may suggest that increased gynecological visits following childbirth led to heightened surveillance and medical attention, which may contribute to the higher self-reporting of PID (Al-Kuran et al., 2021). However, further studies are necessary to deepen understanding in this area.

The Affordable Care Act expanded access to health insurance for millions of Americans, increasing the variety of insurance models available and enhancing affordability for healthcare services and treatments. The findings of this study regarding the association between insurance type and self-reported PID align with those of previous studies (Kreisel et al., 2021; Neo et al., 2022), which found that women with Medicaid, CHIP, or State-Sponsored healthcare plans were 73% more likely to report PID. This could be attributed to the fact that women with health insurance are more likely to seek and utilize healthcare services, including treatments and screenings. Moreover, Medicaid, CHIP, and State-Sponsored healthcare plans often reduce the financial burden of medication and medical treatments, thereby encouraging women to seek preventive care such as STD screenings (Baicker et al., 2017; Cher et al., 2019; Soliman et al., 2019).

#### 7. STUDY LIMITATIONS

The National Survey of Family Growth (NSFG) relies on self-reported data collected through computer-assisted personal interviewing (CAPI), which depends on participants' memory and their willingness to accurately disclose sensitive information. Additionally, for more sensitive questions, respondents may complete answers directly on the computer, which assumes a basic level of computer literacy that may vary across individuals.

#### 8. CONCLUSION

This study concludes that specific social determinants-namely age, parity, and insurance status-are associated with the likelihood of women self-reporting previous treatment for pelvic inflammatory disease (PID). The findings suggest that women over the age of 20, those with one or more childbirth experiences, and those covered by Medicaid, CHIP, or state-sponsored health plans are at greater risk of having received a prior PID diagnosis. Notably, the observed association between race and PID treatment differs from patterns reported in earlier studies. Since this analysis focuses on self-reported treatment history, further research is warranted to enhance the accuracy of PID prevalence estimates within this demographic population.

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