I’ve been a Sexpert peer educator for 3 years, so I’ve become pretty familiar with how students see STIs: they know STIs exist but think they don’t apply to them. This is understandable—our culture tends to treat STIs like they’re rare things that only happen to other people, but not to us. We might think that only people who have more sex than we do, or different sex than we do, or sex with different kinds of people than we do—those are the people who get STIs, not us!

But this is an inaccurate and unrealistic way of looking at STIs. To take better care of ourselves, we’ve got to face the facts: an estimated 1 in 2 people will test positive for an STI before they graduate college.[1] That’s not because college is bad or because sex is bad or because college students are bad—1 in 2 people will test positive because STIs are incredibly common, especially in this age group. Every year in the U.S., there are 20 million new STI diagnoses, and 10 million of those are ages 15-24.[2] So yeah, STIs are common.

April is STI Awareness Month, so it’s important to know that if you have sex, you could potentially get an STI. If you do contract an STI, it didn’t happen because you’re weird, gross, bad, promiscuous, or dirty. It happened because you have a body, and bodies are susceptible to infections. That’s it.
So, if you’re a person who has sex, it’s important to start incorporating STI testing into your regular healthcare routine. Getting tested can seem embarrassing, shameful, or scary. But I’m here to tell you it doesn’t have to be! Getting tested means you’re a responsible person taking care of their sexual health and looking out for your sex partners, too. If you can, try to think of STI testing like going to the dentist or getting your flu shot— it’s just another part of your important, normal healthcare.

**So now that you know why you should get tested, let’s talk about when, where, and how.**

**WHEN**

This depends on you and your sexual behavior. It’s a good rule of thumb to **get tested between new sex partners, or every 3-6 months** if you switch partners frequently.[3] If you’re in a monogamous, long-term relationship, you should still consider **getting tested once a year**, as a general rule.[4] You might think you only need to test if you have symptoms of an STI, but no symptoms don’t mean no STI—in fact, most people don’t have any symptoms at all![5] Relying on symptoms is… unreliable. The only way to definitively know is to get tested.

**WHERE**

You can use [https://gettested.cdc.gov/](https://gettested.cdc.gov/) to find a clinic offering STI testing near you. If you’re on your parents’ insurance and don’t want them to know you’re getting tested, it can be tricky because you don’t always know what will show up on the bill. Goddard’s STI tests show up as “lab test” on insurance bills, so discreteness is guaranteed. With COVID-19, a lot of places have changed their policies on in-person appointments, so make sure you check out a clinic’s current policies before heading over.
HOW

I hate to be the bearer of bad news, but there is no universal test for STIs. Instead, you have to decide what you want to get tested for. If you’re getting tested because someone you’ve hooked up with just found out they have herpes, then obviously that’s what you’ll want to test for. But it isn’t always that obvious—so then what?

Lots of clinics do STI “panels,” or a handful of tests for STIs that are common. At Goddard, the STI panel includes gonorrhea, chlamydia, syphilis, and HIV. This includes a urine sample/vaginal swab (for gonorrhea and chlamydia) and a blood draw (for syphilis and HIV). It’s also a good idea to talk through your sexual history with your healthcare provider when you see them. That way, the two of you can accurately assess what STIs you might be at risk for.

It’s also important to know that tests using vaginal swabs/urine samples can be administered in the throat and rectum as well, depending on the kind of sex you’re having. You can get an STI in your mouth, throat, or rectum too. For example: if you give blowjobs without a condom to a person who has chlamydia, and you contracted chlamydia in your throat, a urine sample test won’t pick up on that chlamydia. That’s why talking to your healthcare provider about your sexual history is helpful! But, if you’re uncomfortable talking to them, you can use this website to assess whether or not you should ask for mouth or rectal swabs when you get tested.

If you’re experiencing symptoms of an STI (itching, burning, swelling, redness, discharge that’s a different smell/color/texture than usual, pain, lumps/bumps/sores, to name a few) then a walk-in screening isn’t the best option—instead, make an appointment with a provider so they can take a look at your symptoms. This helps them determine what you might have much more accurately.
All of Sara's citations are hyperlinked and listed below.