STI-gma: Stigma and Sexually Transmitted Infections

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Abstract

Despite the sizeable prevalence of sexually transmitted infections (STIs), the stigma experienced by individuals with STIs is enormous. These individuals can face both societal and self-stigma that are often not based on any scientific or evidence-based research, but rather cultural and social customs. This stigma has a considerable effect not only the mental and physical health of affected individuals but also creates barriers in communicating to partners and loved ones, getting tested, and receiving adequate treatment. In addition to increasing efforts in researching ways to eliminate this stigma and its associated burdens, structured psychoeducation and anti-stigma frameworks must be implemented to educate individuals on safe sexual practices and the ongoing and seriously taxing impact of stigma.

Introduction

Individuals with sexually transmitted infections (STIs) are doubly challenged in our current society. In addition to managing the symptoms of an STI, these individuals also face judgement and shame as a result of misconceptions. There is deep-rooted stigma, both societal and self, associated with STIs that are not scientific or evidence-based; and instead, are largely propagated through social and cultural customs (1). This not only functions as a considerable barrier when educating people on safe sexual practices, it also makes it especially difficult for those who have STIs to get tested, seek treatment, and receive the necessary care they require (2). Despite the numerous testing and treatment barriers that STI-associated stigma creates, there has been a limited effort researching approaches to eliminate these barriers or reduce their burden. Education and awareness of safe sexual practices are integral to not only prevent the spread of these infections but limit societal and self-stigma that impedes the physical and mental health of affected individuals and their loved ones. Thus, a review of these topics is essential to facilitate translation of this knowledge.

In Canada, the reported rates of STIs have been significantly increasing since 2001 and these infections are known to disproportionately affect those under the age of 30 (3). Excluding colds and flus, STIs are among the most common infections in the world (4). There are at least 20 STIs, either viral or bacterial, with some of the most common being chlamydia, gonorrhea, hepatitis B, trichomoniasis, human immunodeficiency virus (HIV), syphilis, human papillomavirus (HPV) and herpes simplex virus (HSV)(4). Bacterial STIs can often be cured, while viral ones cannot and all STIs can have short- and long-term physical and mental health consequences (5). Though there are antiviral therapies to manage symptoms of viral outbreaks, such as those associated with HSV and HIV, having to take regular therapies can be an expensive lifetime task.

The H-word

Among the very common, but incurable, are HSV, HPV, HIV, and Hepatitis B, and these infections are likely riddled with much worse stigma and subject to severe stereotyping (6). Globally, approximately two out of three people under the age of 50 have HSV-1, more commonly known as oral herpes, and more colloquially, as cold sores. One in ten people between 15-49 have HSV-2, most known as genital herpes. Both HSV-1 and HSV-2 can be transmitted to and through oral and genital regions (7). Research suggests many genital herpes infections are increasingly a result of HSV-1, however the exact prevalence is unknown (8,9). Not to mention, those with HSV are about three times more likely to de-

velop HIV, if exposed, and vice versa (10,11). Despite these staggering statistics, STIs other than HIV/AIDS, are a neglected public health priority – which we could even speculate is due to their associated stigma (12).

Many individuals are asymptomatic to HSV, as well as other common STIs, suggesting the aforementioned statistics may be underestimated. Among those that do experience outbreaks or symptoms, research suggests an association between psychological stress and the frequency of outbreaks (13). This is especially challenging given that living with an STI and its associated stigma is difficult and stressful in and of itself. While there are robust articles on the adverse effects and transmission of STIs, there remains a gap on the spread of information to educate individuals on the impact of stigma on day-to-day lives.

Impact of stigma

In what is supposed to be "an era of sexual liberation", we tend to forget that the stigma of these infections still exists just as much. There are ample pop-culture references that ridicule affected individuals, even with something as simple as scaring easily at the use of the word, "herpes", for instance. This can make it difficult for affected individuals to feel comfortable with their diagnosis and be able to openly communicate to loved ones and potential new partners without worry of being ostracised. This lack of communication, often combined with reduced testing and treatment, inevitably leads to a worsening of societal and self-stigma and may also exacerbate the spread of the infection (2).

Disclosure could facilitate a decrease in STI transmission with engagements in safer sexual practices, support from loved ones in seeking suppressant therapies, and reducing stress that may lead to viral outbreaks(14,15). However, in an environment where the infection and the affected individual are misunderstood and judged, fear of open communication and disclosure leading to potential ostracization, romantic rejection, etc. is understandable as this can be overwhelming and thus discourage disclosure with future partners. Many individuals isolate themselves and are reluctant to initiate sexual relationships due to lowered self-esteem as a result of their diagnosis; some even tend to experience depression with viral outbreaks and suffer from diminished performance in other aspects of their life, like their career (16). Predictably, research has also shown that concealment can mediate the relationship between stigma and depression (1).

Stigma can reduce the individual to the diagnosis, which may propagate difficulties speaking up about their condition and asking for help. This perpetuates self-stigma and impedes acceptance – further breeding negative cycles of shame (2). Not being able to accept it can create negative and unwanted side-effects of the stigma itself – such as difficulties maintaining meaningful relationships; this inevitably hinders disclosure and thereby prevents safe sex and healthy relationship practices(17). While a paucity of research exists examining the effects of education to reduce stigma related to STIs, we can relate this to the stigma associated with mental illness and the impact of psychoeducation. Research has shown structured psychoeducation efforts, looking to end self-stigma in individuals with serious mental illness, have been useful in reduction of internalized stigma. Particularly, psychoeducation programs encourage questioning and challenging stereotypes, relating to others, and utilizing personalized experience to prevent and ameliorate alienation (18). This can potentially be extrapolated to also reducing external stigma by raising awareness of sexually transmitted infections, questioning resistance and judgements unknowingly imposed by loved ones, and normalizing conversation around the infection and its effects.

Future Directions

There is evident impact of stigma on mental and physical health of individuals with STIs. Both self and societal stigma, while likely difficult to rapidly eradicate after years of existence, could certainly improve with open communication, structured psychoeducation of self and loved ones, and raised societal awareness of the infections and the negative impacts of associated stigma, particularly at the initial diagnosis. Perhaps, as a preventive measure, implementing anti-stigma frameworks to mandatory health education classes as early as in adolescence to early post-secondary education would be beneficial, given these are classified as the impressionable years (19). As for interventions for populations that are past the stage of prevention, structured psychoeducation targeted towards loved ones and affected indi-

viduals would likely help prevent ongoing self and societal stigma. Further research on the prevalence and implications of stigma related to STIs is also necessary to instigate appropriate and structured psychoeducation efforts.

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