Chapter 8

Special Issue: Sexually Transmitted Infections – Diagnoses, Stigma, and Mental Health

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ABSTRACT

Misconceptions regarding the cause(s) of sexually transmitted infections (STIs) has led to a number of prejudices against those with such diagnoses. A fear of being the object of prejudicial attitudes and behaviors leaves many individuals concerned about the social stigma of a STI diagnosis. This, in turn, may leave people unwilling to get tested or hesitant to disclose their diagnosis to others, which may fuel the spread of such infections. In addition to the numerous medical concerns associated with STIs, the psychological consequences of STIs are notable as well. Understanding the stigma related to STIs is an important step towards improving the mental health of people with such diagnoses. This chapter provides the reader with an overview of STI diagnoses, and an explanation of their physical and mental health consequences. The chapter continues by examining the three types of stigma as well as their components. Finally, the chapter offers a number of suggestions regarding how to combat STI stigma, which may be extrapolated to combat other forms of stigma affecting mental health.

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INTRODUCTION

According to the Center for Disease Control (CDC) (2016), there were 1,526,658 cases of chlamydia, 395,216 cases of gonorrhea, 23,872 cases of primary and secondary syphilis, and 487 cases of congenital syphilis reported in United States in 2015. These figures, which only include a small fraction of potential sexually transmitted infections (STIs), represent a substantial increase in reported diagnoses from the previous reporting period (2014), suggesting that the transmission of sexually transmitted infections (STIs) is on the rise. What is interesting about these figures is that they paint only a part of the picture. The CDC relies on the reports of local health authorities and other public reports to gather its data. As such, these figures are estimates, at best, and likely greatly underrepresent the STI epidemic plaguing the country. The fact is that many cases of chlamydia, gonorrhea, and syphilis go undiagnosed and/or unreported. Further, data on other STIs, such as herpes simplex virus, trichomoniasis, and human papillomavirus, are not routinely reported at the national level. As such, information regarding the pervasiveness of the current STI epidemic is based on estimates. In 2016, the CDC estimated that approximately 20 million new cases of sexually transmitted infections occur every year within the United States (CDC, 2016).

While the exact prevalence of STIs are unknown, their impact is evident. Research indicates that STI diagnoses influence people’s short-term and long-term physical health and often impacts their mental health statuses as well. Additionally, STIs also contribute to a number of burdens that broadly impact society as a whole, including compromised productivity as well as economic outcomes (CDC, 2016). In 2016, the CDC estimated that the country spends over $16 billion in health care costs related to STIs (CDC). Despite these known effects, trends in the data suggest that many people remain resistant to pursuing adequate testing and/or treatment for possible STIs due to their concerns regarding the stigma of having such diagnoses (Foster & Byers, 2008). This resistance may not only compromise the health of the individual with the STI, but also has the potential to negatively impact his or her current and future sexual partners.

There remain a number of misnomers regarding STIs, including information regarding the manner in which they are contracted as well as their treatability. This misinformation may lead individuals with potential or confirmed STI diagnoses undue stress, which may compromise their overall mental health functioning. It likely also aids in the further perpetuation of inaccurate myths and subsequent stigma regarding sexuality and reproductive health.

The goals of this chapter are to:
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