

Why don't people disclose STIs to a sexual partner? Stigma has a lot to do with it

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Globally, [more than 1 million](#) curable sexually transmitted infections (STIs) are contracted every day in people aged 15–49. These include chlamydia, gonorrhea and syphilis, among others.

In Australia, it's estimated that [one in six](#) people will [receive an STI](#)

[diagnosis](#) in their lifetime—and the numbers [are going up](#).

Very few common infections are stigmatized in the way STIs are, which makes them a particularly complex public health problem. Stigma [perpetuates shame](#) and anxiety among those diagnosed with an STI, which can lead people to [delay testing or treatment](#).

Stigma can also make it difficult for people to tell their sexual partners about an STI diagnosis. A [recent study](#) found only around half of people disclosed or believed they should disclose an STI to a partner before having sex.

Why don't people disclose an STI, and why do they?

The study, published this month in the *Journal of Sex Research*, was a [systematic review](#), which means the researchers analyzed the results of several studies. They looked at a total of 32 papers, mostly from the United States, with some from the United Kingdom and Australia. The study included a range of STIs, but excluded HIV.

When the researchers combined the results of these studies, they found only half or fewer people told a partner if they had an STI, or believed they should disclose this information to a partner, before having sex.

Common reasons for not telling a sexual partner about an STI included fear about how their partner would respond, and fear of rejection by their partner.

Some people didn't think they needed to tell their partners, or saw it as a private matter—especially in casual sexual encounters. Younger people aged under 24 were less likely to tell sexual partners about an STI than [older people](#).

Others believed there was no risk of transmission because they weren't experiencing symptoms, or felt they had taken reasonable precautions to protect their sexual partner from STI transmission.

Condoms, when used correctly, are one of [the most effective measures](#) to protect against STIs, including chlamydia and gonorrhea. But they [won't necessarily protect](#) against STIs such as herpes, genital warts or syphilis, which can be spread by [skin-to-skin contact](#). [Dental dams](#) can also be used during [oral sex](#) to help prevent STIs.

Not disclosing STIs to a sexual partner—particularly where effective protection was not used—can create problems. It can prevent someone who has potentially been exposed to an STI, or transmitted an STI, from being tested and treated. Then, the STI may be passed on to others.

The review also found some people hold off on [sexual activity](#) entirely after an STI diagnosis, or choose not to enter into a new sexual relationship, to avoid telling their partner about their STI status.

Of people who do tell their partner, they often report this is because they value honesty in their relationship or view disclosing their STI as a moral obligation. Others disclose their STI status to protect their partner's health and ensure they avoid long-term problems [such as infertility](#) that can arise from untreated infections. Some people tell their partner as a means to get [emotional support](#).

Separate [research](#) has found that when people don't tell their sexual partner about having an STI, it can lead to increased anxiety and lower sexual satisfaction for the person with the STI.

Making STI disclosure easier

Talking about an STI diagnosis can be awkward and uncomfortable. But

[resources are available](#) to help people talk to their partners about STIs or help them [disclose an STI diagnosis](#).

These include [confidential services](#) that allow people to send anonymous text message or email notifications to sexual partners to tell them they have potentially been exposed to an STI.

These can be helpful for people who feel unable to [talk with a previous sexual partner](#) about their diagnosis, for example, because a recent sexual [partner](#) was only a casual contact.

However, most people disclosing an STI prefer to [speak directly](#) with their sexual partners, particularly if they're in an ongoing relationship.

Tackling stigma is key

For [young people](#), school-based sex education will usually address STIs, but this needs to be done with care. Education that focuses [only on the risks, dangers and "icky" parts](#) of sex alienates young people and can [enhance stigma](#) related to STIs. This can [make it less likely](#) young people will seek STI screening or disclose an infection.

Contemporary approaches to [comprehensive sex education](#) emphasize the importance of supporting young people to navigate safe, respectful and pleasurable sexual relationships.

Education should include non-shaming information that [demystifies STIs](#) by reminding young people that they are common, testing is simple and most STIs are [easily treatable](#).

But STIs are not just an issue for young people. We can't assume someone automatically understands their sexual health once they become an adult.

Investment in campaigns that normalize STI screening, such as the fantastic [Drama Downunder](#) campaign, which uses prominent and humorous imagery to draw attention to STI prevention and testing for gay, bisexual, queer and trans men, can support people to [seek sexual health services](#) and have conversations about STIs.

Recently, the Australian government launched [Beforeplay](#), a national advertising campaign to promote STI awareness and testing among adults. The success of this campaign will depend on its capacity to normalize open communication about sexual health and STI testing across a broad population.

The high level of stigma and shame associated with STIs makes them a unique and [complex public health problem](#). Reducing STI rates will require tackling this stigma and shame.

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