Young women's stories of having a sexually transmitted infection



(%

background

- Major public health issue
- High morbidity and mortality (WHO, 2007)
- Over 30 pathogens responsible for STIs (WHO, 2012)
- Genital herpes, human papilloma virus (HPV), chlamydia, gonorrhoea, syphilis, trichomoniasis, HIV, hepatitis
- Cause significant physical and psychological harm (WHO, 2001)

Statistics

- Herpes: 1/8 (Cunningham et al. 2006)
- HPV: 4/5 people (Cancer Council NSW, 2013)
- 33.2 million people around the world are living with HIV (6,000 young people are infected with HIV daily) (UNAIDS, 2003; UNAIDS &WHO, 2007)
- Over 498.9 million new cases per annum of chlamydia, gonorrhoea, syphilis and trichomoniasis (15 49 years) (WHO, 2012)

Women and STIs

- Have severe consequences for women
- Women are vulnerable to STI acquisition due to
 - **social norms, gender roles** (Hird & Jackson, 2001; Reddy & Dunne, 2007)
 - **condom negotiation** (De Visser & Smith, 2001; Ehrhardt et al., 2002)

Young people and STIs

Young people are at an increased risk of STI due to:

- Invulnerability
- Risk behaviour
- Social changes
- Inexperience (Dehne & Riedner, 2005; WHO, 2004)

To explore young women's stories of having a sexually transmitted infection from a feminist perspective

Aim

Methodology

- Feminist methodology
- Qualitative online interviews- email and Instant messenger
- Inclusion criteria: any women that experienced an STI between the ages of 18-30 years
- HIV was excluded from this study

Participants

- Ten women participants
- Aged 21-39 years
- Various backgrounds
- Cervical HPV, genital warts, herpes, chlamydia, pubic lice
- Casual partners, husbands, boyfriends, long-term partners, rape
- Pseudonyms are used

Findings

- Invulnerability
- Disrupted sense of self
- Stigma and stereotypes
- Blame and shame
- Unworthy of love
- Denial
- Sources of support

Invulnerability

I didn't think I was at risk. I felt immortal; I thought it didn't happen to people like me, until I was diagnosed with warts [Rita].

Disrupted sense of self

I was ashamed because I was now infected with this virus and would always be.... I felt tainted [Lilly]

Stigma and sterotypes

I ... [I felt] *Dirty, because my views on* contracting an STD like this have been the same as the rest of society... Only someone who sleeps around regularly gets STDs ... It's like going from being a cool kid in the playground, to being an outcast, I'm on the other side of the fence, and it's not nice [Bree].

Blame and shame

I felt ashamed. Looking back I know I did not do wrong but I felt dirty and used and I felt like I was just disgusting. ... I was filled with shame and it turned into selfhatred in a way. I still can't believe I was treated so badly [Ruby].

Unworthy of love

I didn't feel that I deserved anything to do with relationships. I didn't think I deserved to be loved or wanted by anyone [Cathy].

Denial

With the herpes it was diagnosed with a blood test but I don't ever remember having it so I suppose I have been in a bit of denial about that. ... I never told these men I slept with about it or any of them. With herpes I have read that it is painful so I think I would know if I had it [Ruby].

Sources of support

I went online and read other's people's experiences, and had really supportive feedback from others who were experiencing the same thing [Lilly].

Conclusions & Implications

- None of the women accessed STI services
- Only 2 women were provided with emotional support
- Further education and knowledge is needed among healthcare professionals that do not specialise in sexual health

leah.east@scu.edu.au

References



- Cancer Council New South Wales (2013) New research on human papillomavirus: Q&A. Available at: http://www.cancercouncil.com.au/508/get-informed/diagnosis-symptoms/cancer-screening-cancer-screening-early-detection/new-research-on-hpv-qa/?p of February 2013).
- Cunningham, A. L., Taylor, R., Taylor, J., Marks, C., Shaw, J., & Mindel, A. (2006). Prevalence of infection with herpes simplex virus types 1 and 2 in Australia. *Sexually Transmitted Infections*, 82(2), 164-168.
- Dehne, K. L., & Riedner, G. (2005). *Sexually transmitted infections among adolescents: The need for adequate health services*. Geneva: World Health Organisation and Deutsche Gesellechaft fuer Technische Zusammenarbeit.
- De Visser, R. O., & Smith, A. M. A. (2001). Inconsistent users of condoms: a challenge to traditional models of health behaviour. *Psychology, Health & Medicine*, 6(1), 41-46
- Ehrhardt, A. A., Exner, T. M., Hoffman, S., Silberman, I., Yingling, S., Adams-Skinner, J. et al. (2002). HIV/STD risk and sexual strategies among women family planning clients in New York: Project FIO: *AIDS and Behavior*, 6(1), 1-13
- Hird, M. J., & Jackson, S. (2001). Where 'angels' and 'wusses' fear to tread: sexual coercion in adolescent dating relationships. *Journal of Sociology*, 37(1), 27-43
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2003). *HIV/AIDS and young people: Hope for tomorrow*. Geneva: Author.
- Joint United Nations Programme on HIV/AIDS (UNAIDS), & World Health Organisation. (2007). *AIDS epidemic update: December 2007*. Geneva: Authors.
- Reddy, S., & Dunne, M. (2007). Risking it: Young heterosexual femininities in South Africa context of HIV/AIDS. Sexualities, 10(2), 160-172.
- ^I World Health Organisation. (2004). *Contraception: Issues in adolescent health and development*. Geneva: Author.
- ¹ World Health Organisation (2012) Global incidence and prevalence of selected curable sexually transmitted infections-2008, Geneva.
- World Health Organisation. (2001). *Global prevalence and incidence of selected curable sexually transmitted infections: Overview and estimates*. Geneva: Author.
- World Health Organisation. (2007). Global strategy for the prevention and control of sexually transmitted infections: 2006-2015: Breaking the chain of transmission. Geneva: Author.