

Men's and Women's Sexual Health and Well-Being Study Summary

Thank you to everyone who participated in the *Men's and Women's Sexual Health and Well-Being Study*. We would like to provide you with information about why we conducted the study and what we found.

Some individuals who are diagnosed with a sexual transmitted infection (STI) report that it negatively affects aspects of their sexuality. However, there is currently very little research examining the sexual well-being of individuals with STI diagnoses. We sought to enhance our understanding of the sexual well-being of men and women who had been diagnosed with a STI by comparing the sexual well-being of individuals who had and had not been diagnosed with a STI. Individuals who had been diagnosed with a curable STI and/or an incurable STI participated in the study. Curable STIs include bacterial infections such as chlamydia, gonorrhea, and syphilis. Once diagnosed, these infections are treated and cured relatively quickly with antibiotics such as penicillin (CDC, 2008). Incurable STIs, such as herpes and the human papillomavirus (HPV) are caused by viruses (PHAC, 2008). Although they can be managed with medications and some people do not experience recurrences of symptoms, these viral STIs are not medically curable.

Who Participated?

Participants included 226 women and men who had been diagnosed with a STI and 299 who did not have a STI history. Participants ranged in age from 18 to 64, with an average age of 30 years. Most participants were from Canada (70%) or the United States (25%) and identified as White (89%). Over half (59%) were in a committed relationship.

Of those participants who had been diagnosed with a STI, 38 participants had been diagnosed with curable STIs only and 188 with at least one incurable STI. Of those participants who had been diagnosed with one or more curable STIs, 74% had been diagnosed with chlamydia, 18% with pubic lice/scabies, 8% with trichomoniasis, and 5% with gonorrhea. Of those with an incurable STI diagnosis, 44% had been diagnosed with herpes only and 14% with HPV only. The remaining participants had received another STI diagnosis in addition to their diagnosis of herpes or HPV.

What Did We Find?

Participants were asked about their frequency of sexual activity, sexual concerns (i.e., sexual problems and sexual anxiety), and thoughts and feelings related to their sexuality (i.e., sexual self-schema, sexual self-esteem, sexual satisfaction). Overall, participants with a STI history reported high sexual well-being. This was true for both individuals diagnosed with curable and those diagnosed with incurable STIs. Specifically, on average they reported engaging in a genitally-focused sexual activity approximately two or three times in the previous month, experiencing low levels of sexual anxiety, moderately positive views of their sexual self, moderately high sexual self-esteem, and high sexual satisfaction. Only 28% of the participants with an incurable STI and 24% with curable STI diagnoses reported regularly experiencing a distressing sexual problem.

We compared the sexual well-being of participants with and without a history of a STI diagnosis. Although there were some differences in sexual well-being, the size of these differences was quite small. This suggests that being diagnosed with an STI does not routinely have a negative impact on sexual well-being. Nonetheless, participants with curable STI diagnoses as well as participants with incurable STIs reported being somewhat less sexually satisfied and were more likely to have experienced a distressing sexual problem than individuals without a STI diagnosis. Conversely, individuals with a STI reported engaging in sexual behaviour more often and had more positive views of their sexual selves than those without a STI history.

We also sought to better understand which individuals with an STI diagnosis are most likely to experience poorer sexual well-being. The factor that had the largest association with sexual well-being was the extent to which they experienced stigma related to their diagnosis. A stigma refers to a negative stereotype that becomes associated with a certain condition and is related to negative attitudes and behaviour towards a person or group of people. STI-related stigma refers to assumptions that individuals who acquire STIs are “promiscuous” or sexually immoral. In our study, individuals who more strongly agreed with these types of stigmatizing stereotypes about people with STIs, felt more shame about their diagnosis, and reported experiencing more negative reactions from others due to their STI reported poorer sexual well-being. In addition, individuals with more severe symptoms also reported poorer sexual well-being.

Summary

Overall, the results suggest that a STI diagnosis does not necessarily mean the end of positive sexual feelings and experiences. Both women and men with incurable and curable STIs reported generally positive sexual well-being. Further, despite experiencing slightly more sexual problems and less sexual satisfaction, the overall sexual well-being of individuals with a STI did not differ drastically from that of individuals without a STI. The results suggest that, in addition to relieving symptoms, reducing the stigma associated with STIs may help to improve the sexual functioning of those individuals with a STI.

Thank you

We truly appreciate the time you spent to complete this survey and your interest in the results. The information you provided has helped us better understand the sexual well-being of individuals with a STI diagnosis. We are in the process of writing up the results for publication.

For more information, please contact Dr. Sandra Byers (byers@unb.ca; 506-458-7697) at the Department of Psychology, University of New Brunswick, or Lyndsay Foster (lyndsay.foster@unb.ca).