

THE MEDICAL STAFF'S PERCEPTION OF STIGMA IN SEXUALLY TRANSMITTED DISEASES

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Abstract. This study aims to evaluate the perception of the medical staff about the stigma related to sexually transmitted diseases (STD) in Romania, the difficulty of the case management of patients with STD, the anxiety induced by the diagnostic, the treatment compliance and the financial considerations involved.

Materials and method. 50 participants from the medical staff evaluate the themes involved through an anonymous questionnaire. For statistical processing we used R Foundation for Statistical Computing.

Results. 82% of the medical staff identified a higher anxiety level at STD patients, in 80% of cases patients preferred to consider sources of contamination other than sexual intercourse, 78% of patients with STD requested keeping the professional secret towards the sexual partners. There was a statistically significant correlation between the presence of a higher anxiety level at the STD patients and the feeling of self-blame ($p < 0.01$), the request of keeping the professional secret towards their partners and the repetitive addressability for the same STD ($p = 0.006$).

Conclusions. The medical framework perceives the STD patients' concern to be stigmatized. This phenomenon has its impact through the individual consequences to engage in suboptimal medical behaviors, but also through consequences over the community and on the expenses of the medical system. The treatment of patients with STD represents a challenge for the medical team, considering the numerous intentions not to recognize the cause of disease, to question the ways of transmission, to protect the partner and the misconceptions regarding the complexity and high cost of the treatment.

Keywords: sexually transmitted disease, stigma, anxiety, self-blame.

INTRODUCTION

Sexually transmitted diseases (STD) are counted among the most common infectious diseases worldwide, with over 1 million newly diagnosed cases daily [1], having a great impact on the sexual, reproductive and mental health.

The medical literature cites that persons suffering from STDs are considered more immoral than the persons suffering from similar diseases which are not sexually transmitted. People consider contacting a stigmatized disease will bring them the same stigma. Another study shows that when a disease is associated with unprotected sexual intercourse, patients have less interest to test themselves for diagnostic purposes and underestimate the risk of contacting it [2].

This study aims to evaluate the perception of the medical staff about the stigma related to STDs in Romania, the difficulty of the case management of patients with STD, the anxiety induced by the

diagnostic, the treatment compliance and the financial considerations involved.

MATERIALS AND METHOD

There were 50 participants from the medical team, consisting of doctors, nurses, dressers and stretcher-bearers from the specialties implicated in the diagnosis, treatment and case management of STD patients (dermatovenereology, urology, family medicine, obstetrics-gynecology, oto-rhino-laryngology, pediatrics, ophthalmology, infectious diseases, neonatology, general surgery, surgical ward, intensive care, laboratory medicine, medical statistics, pneumology, neurology, forensic medicine, pathology). The medical framework included specialists from the public medical system and the private medical system, or both. The evaluation method consisted of an anonymous questionnaire. For statistical processing we used R Foundation for Statistical Computing, Vienna,

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Austria, 4.1.2. version [3]. The statistical tests used were the Chi square test and Fisher's exact test.

RESULTS

Out of all respondents, 42 (84%) were women and 8 (16%) were men. The distribution of the place in the medical team was the following: 12 doctors, 33 nurses, 5 dressers and stretcher-bearers, meanwhile the distribution by age groups is: 16%-age group 20-30 years old, 22%-age group 30-40, 40% age group 40-50, 22% age group 50-60 years old. From the medical team, most medical staff works in dermatovenereology (22%), medical statistics (18%), laboratory medicine (10%), intensive care (4%) and family medicine (4%). 74% work in public hospitals, 22% work both in the public sector and 4% work in the private sector.

Among the four microorganisms producing STDs, classified by OMS on the first positions in terms of frequency, the medical staff states that the most frequently encountered in their experience was *Trichomonas vaginalis* (56%), then *Chlamydia trachomatis* (36%), then *Treponema pallidum* (20%) and then *Neisseria gonorrhoeae* (18%).

The medical team taking part in the study observed that patients suspect that the STD is an infection associated with the medical act in 2% of cases, meanwhile 32% patients believe STD is sometimes an infection associated with the medical act and 66% do not consider STD a nosocomial infection. 80% prefer to consider as sources of contamination others than sexual intercourse.

66% of medical staff perceived a self-blame feeling of the patients towards the fact of having a STD. 39 (78%) declared their patients requested keeping the professional secret from their visitors at the hospital who can ask for details about the pathology they were hospitalized for. The percentage of subjects who identified a higher anxiety level at the STD patients than other patients is 64% higher than the subjects who did not identify a higher level of anxiety.

35 (70%) of the medical workers estimated a higher difficulty in the case management of patients with STD compared to other infectious diseases. The treatment compliance was estimated to be in 24% cases inferior, in 58% cases similar and in 18% superior compared to other infectious diseases. 8% of patients invoke financial considerations for the lack of treatment

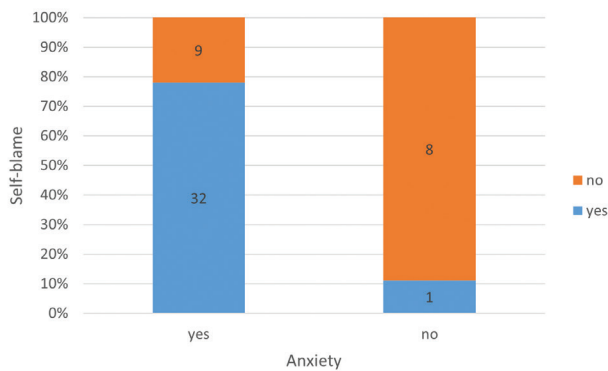


Figure 1. The association between the presence of anxiety and self-blame at patients with STD.

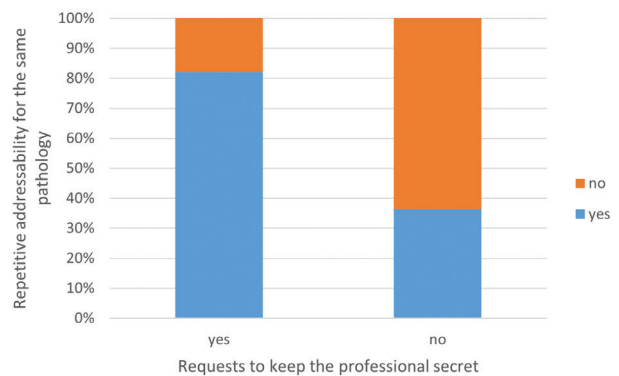


Figure 2. Correlation between requests of keeping the professional secret and repetitive addressability for the same pathology.

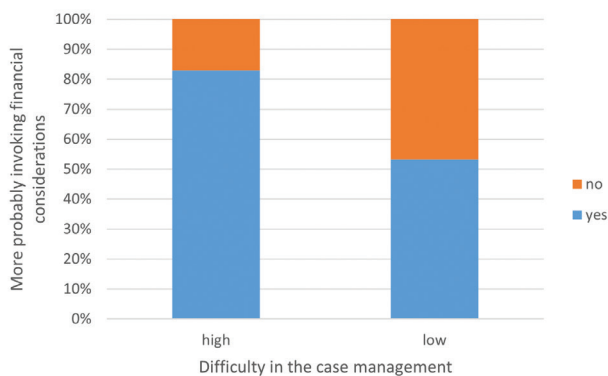


Figure 3. Correlation between the higher difficulty in the case management and invoking financial considerations.

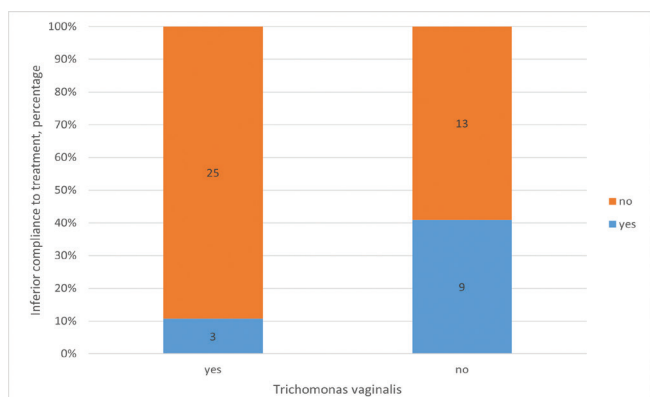


Figure 4. Correlation between lower treatment compliance and presence of *Trichomonas vaginalis*.

compliance, 66% occasionally invoke financial considerations and 26% do not invoke financial considerations for the lack of treatment compliance.

To the question “Have you noticed that patients with STD have repetitive addressability for the same pathology?”, 36 (72%) of the medical team answered “yes” and 14 (28%) answered “no”.

There is a statistically significant association ($p < 0.01$) between the presence of a higher level of anxiety at STD patients and the self-blame feeling, in the opinion of the medical workers (Fig. 1).

We observed that where there were requests of keeping the professional secret towards sexual partners that visit the patients at hospital, the patients had repetitive addressability for the same pathology ($p = 0.006$) (Fig. 2).

Another statistically significant correlation was found between the higher difficulty in the case management and the higher probability of invoking financial considerations for the lack of treatment compliance ($p = 0.04$) (Fig. 3).

An inferior compliance to treatment was linked to a lower frequency of *Trichomonas vaginalis* ($p = 0.013$) (Fig. 4).

DISCUSSION

We noticed a statistically significant link between the presence of a higher anxiety level at STD patients and a self-blame feeling of them for contacting the infection. The self-blame feeling involves reasons related to morality, faith, couple loyalty, financial considerations, each one having a stigmatizing potential.

Another statistically significant correlation was the one between the existence of requests to keep the professional secret towards the patient’s visitors and the repetitive addressability for the same pathology. The desire of hiding the diagnosis from the partner, possibly caused by the fear of marital conflict, could compromise the treatment of the couple, the treatment being taken only by the infected partner, which leads to reinfection and repeated addressability.

The medical staff estimated that the difficulty in the case management comes most likely from the reluctance of patients to follow complex and supposedly expensive treatments.

A statistically significant aspect of the study is that the patients infected with *Trichomonas vaginalis*, known for a more disturbing and obvious symptomatology (the physical-chemical characteristics

of leucorrhoea), show a superior treatment compliance compared to other STDs.

The most obvious trends expressed by the medical team are: 82% of cases treated in their own experience have a higher level of anxiety compared to other persons, in 80% cases patients prefer to consider other sources of infection than the sexual intercourse, 78% of patients requested keeping the professional secret from their sexual partners.

As a study limit, we can mention the ecological fallacy, where the individual characteristics are deducted from their belonging to a characterized group

In conclusion, the medical staff’s perception is homogenous, unitary, with high percentages in the interpretation of STD patients’ behavior.

The medical framework perceives the STD patients’ concern to be stigmatized. This phenomenon has its impact in the medical field through the individual consequences to engage in suboptimal medical behaviors, that can cause sequels, but also through consequences over the community and on the expenses of the medical system for the treatment of case complications.

The treatment of patients with STD represents a challenge for the medical team, taking into considerations the numerous intentions of not recognizing the cause of the disease, the intention to question the ways of transmission, the intention to protect the partner, as well as the misconceptions regarding the complexity and high cost of the treatment.

Conflict of interest

The authors declare no conflict of interest.

References

1. Hlatshwayo M, Reno HEL, Yarbrough ML. STI update: Testing, treatment, and emerging threats. *Cleve Clin J Med*. 2019;86(11):733-740.
2. Young SD, Nussbaum AD, Monin B. Potential Moral Stigma and Reactions to Sexually Transmitted Diseases: Evidence for a Disjunction Fallacy. *Personality and Social Psychology Bulletin*. 2007;33(6):789-799.
3. R Core Team. R: A Language and Environment for Statistical Computing [Internet]. R Foundation for Statistical Computing; Vienna, Austria; 2022.
4. Siserman C, Giredea C, Delcea C. The Comorbidity of Paraphilic Disorders and Rape In Individuals Incarcerated For Sexual Offences. *Rom J Leg Med*. 2020; (28): 278-282.
5. Delcea C, Siserman C. Validation and Standardization of the Questionnaire for Evaluation of Paraphilic Disorders. *Rom J Leg Med*. 2020; 28(1): 14-20.