

A Study on the Emotional Aspects of STI Patients

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Abstract:

Introduction: Most of the STI patients, due to its attached stigma, experience some degree of emotional disturbances. These have their immense influence on their personal behaviour, their intra familial relationship and also on their interactions with the surrounding society. Though emotional disturbances is a very common occurrence in STI patients, not many studies have been conducted on it, particularly on Indian patients.

Aims and Objectives: To study the different emotional disturbances in STI patients those occur all through the sexual act and thereafter.

Materials and Methods: 200 male STI patients attending a tertiary care hospital of KING GEORGE HOSPITAL, Visakhapatnam were taken into the study. 25 patients became drop outs during the course of the study and were excluded. Apart from a complete sexual history, the different emotional feelings occurred in these patients at different stages starting from the sexual act till the cure were recorded and were analysed.

Results: 66% acquired the disease from CSWs but a sizable 32% got it from girlfriends. During the sexual contact, only 30% had the feelings of shyness and guilt. 49% had shyness to attend a VD clinic.

The different feelings after acquiring a STD comprised surprise in 42%, anxiety and fear in 49% and depression in 3%. Only 12% had decided not to have further contacts whereas 56% were opting for safe sex. These findings will help the STI clinicians in the proper management of STI patients apart from formulating an appropriate STI control programme.

Key Words: STI patients, emotional disturbances

I. Introduction

Sexually transmitted diseases (STDs) are a group of illnesses caused by transmission through sexual intercourse. The acquaintance of STDs through sexual intercourse is a deliberate act and is traditionally thought to be a sinful one. Added to it, the patient is forced to stay in the same society which hates them. This results in social stigma peculiarly associated with only STIs unlike in other diseases. Moreover, the physical morbidity in many cases, affects for a prolonged time, extending to generations together in some cases. This social stigma, apart from the associated long time morbidities, infertility, and transmissibility to future generations results in a variety of psychological disturbances to the patients at some time or other starting from the sexual act till the cure, sometimes extending even beyond that. These have their immense influence on the patient's personal behaviour, their intra familial relationship and also on their interactions with the surrounding society. STDs are associated with an important psychological and social burden for many subjects¹.

A physician cannot understand STDs in its totality unless he considers the psychological and the emotional factors involved in it along with its clinical aspects. Though emotional disturbances is a very common occurrence in STI patients, not many studies have been conducted on it, particularly on Indian patients.

II. Aims And Objectives:

To study the different emotional disturbances in STI patients those occur all through the sexual act and thereafter.

III. Materials And Methods:

200 male STI patients attending a tertiary care hospital of KING GEORGE HOSPITAL, Visakhapatnam were taken into the study. 25 patients became drop outs during the course of the study and were excluded. Apart from the complete sexual history, the different emotional feelings occurring at different stages from the sexual act till the cure were recorded and analysed.

IV. Results:

Table no 1: Sexual contacts

	NUMBER	PERCENTAGE (%)
CSWs	116	66.3%
GIRL FRIENDS	56	32%
MARITAL	3	1.7%

Out of 200 male STI patients, 66% acquired the disease from CSWs, followed by a significant 32% from girlfriends.

Table no2: Shyness/guilt feelings during contact

	NUMBER	PERCENTAGE
YES	53	30.2%
NO	122	69.8%

About 30% patients felt shyness and guilt during the sexual contact.

Table no 3: Shyness to attend a public venereal disease Clinic

	NUMBER	PERCENTAGE
YES	86	49.1%
NO	63	36%
NO FEELINGS	26	14.9%

About 49% felt shy to attend a public STD clinic.

Table no 4: Feelings after acquiring venereal disease

	NUMBER	PERCENTAGE
SURPRISE AND DENIAL	73	41.7%
ANXIETY AND FEAR	86	49.1%
DEPRESSION	5	2.9%
NO FEELINGS	31	17.7%

About 42% expressed surprise and denial, 49% suffered anxiety and fear, 5 patients got depressed. All of the patients who suffered anxiety, fear or depression are ashamed for their act. Many had a combination of more than one of these feelings at different stages. However, a significant 18% had no feelings.

Table no 5: After cure opinion

	NUMBER	PERCENTAGE
STOP FURTHER CONTACT	21	12%
MORE SELECTIVE IN SAFE SEX	98	56%
NO OPINION	56	32%

About 12% had decided not to have further contacts whereas 56% were willing to choose the partner selectively and indulge in safe sex practises. A significant 32% were still undecided.

V. Discussion:

STIs are acquired through a deliberate sexual intercourse, more often with a public person. Moreover, he continues to remain in the same society which considers it as a sinful act and consequently is hated by the society. This results in an array of varied psychological feelings occurring all through during the period from the sexual act till they get cured and even beyond that. These psychological sequelae are poorly understood, frequently unrecognized and inadequately managed despite being among the most common conditions encountered in STD practise.²

While the incidence of sexually transmitted infections (STIs) is largely dependent on the distribution and prevalence of infection in the population, it is also important to consider the behaviour of an individual and his or her partner(s), as well as their psychological state. Psychological factors, such as mood, mental health, and even personality types, may affect both risk of contracting STIs and presentation for and response to treatment³.

The different psychological feelings one experiences may start from the sexual act itself with shyness or guilty feelings. Though there can be an initial brief feeling of pleasure, that particular sexual act is usually forgotten soon. Thereafter, when he develops the symptoms and signs of the disease after the incubation period, there follow a spectrum of different psychological feelings ranging from surprise, denial, anxiety, fear or even

depression or a different combination of these feelings. He may feel ashamed to face the society. Certain of these feelings may continue even after cure. The first feelings exhibited by the patient after acquiring a V D are commonly that of denial. He feels it could not happen to a nice person like him as he feels that he had sexual intercourse with a girl friend or a nice and clean housewife. He doubts and hopes it not to be a STI and tries to enquire from known friends and books. This may lead to postponement of the treatment. Meanwhile, the increasing symptoms and signs, apart from the ever growing psychological feelings force him to consult a doctor. But there follows the apprehension to consult a doctor but he cannot afford further postponement. After the disease is confirmed by the doctor, there follows the anxiety and depression. Anxiety could be with regard to disease complications to self, transmission to the partner or to the off springs, apart from the financial and social implications. He may feel guilty as he thinks himself as having a dirty body and dirty mind. He feels that he has broken the sexual norms of the society and is therefore being punished for the same. He may feel ashamed as he thinks others might have seen him in the STI clinic. The shame feeling resulting from STIs results in lack of social functioning and a low quality of life⁴.

Reports of similar studies are rare in existing literature, particularly in Indian scenario. The western studies are not exactly comparable to our Indian perspective because of the different socio cultural attributes. In our study, only male patients are taken as we felt the sexual history of males is more reliable and easily obtainable. Also, PITTS et al have reported major differences in reactions to various STIs with regard to gender differences.⁵

In our study, most of the patients acquired the disease from CSWs (66%) followed by the so-called "girlfriends" (32%). Most of those who got the disease from girlfriends expressed surprise, even denial. Those who got it from marital contact were depressed because of the suspected marital infidelity. During the sexual contact, majority (70%) of the patients did not feel any shyness or guilt as they assumed sex as a means of entertainment, more importantly as it is available cheap. However, as a result of wide publicity in recent times, many of them are concerned about safer sex practises. In spite of the social stigma, an increasing number of patients (36%) showed no hesitancy in attending a public STI clinic presumably because of a better audio visual privacy and the confidentiality maintained now in a public STI clinic. However, the matter of privacy and its implementation still needs to be further improvised as significant 49% patients are still hesitating to avail the facilities in a public STI clinic.

The feelings after acquiring the disease, as elicited in our study, varied from surprise and denial to anxiety and fear and even depression in 5 patients whereas a significant 18% patients did not bother much. 42% got surprised at the attack of STD as they felt that they had contact with a girl friend or a nice and clean house wife, supposedly to be safe or had taken some form of precautions in the form of pre exposure antibiotics etc. Denial is a prominent feature, particularly in the first attendees. These myths and misconceptions highlight the need to undertake proper sex education in a more extensive manner.

In our study, anxiety and fear attacked 49% and depression in 3% whereas Barczak et al reported anxiety and depression in 31% cases.⁶ However, a significant 18% patients as such had no concern at all and this group is one which needs to be targeted for sex education regarding safer sex practises. The small number of patients (12%) deciding against further contacts indicate the increasing permissiveness of the society as against the old time's "once bitten twice shy" attitude.

VI. Conclusion

For an effective and complete management of STI patients, the physician needs to consider not only the apparent clinical aspects, but also the underlying emotional disturbances in these STI patients. The knowledge of the emotional aspects of STI patients has a significant role in evolving the appropriate approach by the physician towards these patients.

This study of emotional aspects of STI patients underlines the need of shifting from the traditional moralistic attitude of the physicians and points out the importance of privacy and confidentiality in STI patient management. It also stresses the importance of imparting sex education, particularly regarding safe sex. These measures will go a long way in the appropriate management of STI patients, apart from being useful in formulating an appropriate control programme for STIs and AIDS.

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