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Title

Examining stigma as a barrier to STI testing among women

Background/Synopsis

Sexually transmitted infections (STIs) remain a significant public health challenge, particularly among women. Biologically, women are at greater risk for contracting STIs due to the structure of the female urogenital tract, which is more susceptible to microabrasions and pathogen transmission during sexual activity [1]. Additionally, many STIs are more likely to present asymptotically in women, resulting in delayed detection [2]. Furthermore, untreated STIs in women often lead to more severe consequences than in men, resulting in significant reproductive health complications including pelvic inflammatory disease, ectopic pregnancy, and maternal-to-fetal transmission. General barriers to healthcare access—such as financial restraints, lack of transportation, and low health literacy—contribute to the underutilization of STI testing among women. However, one obstacle particularly salient and unique to STIs is stigma. Unlike other medical conditions, STIs are often associated with feelings of discomfort, embarrassment, and judgment. This stigma can influence women to delay or entirely decline STI testing, even when they recognize its importance or experience symptoms [3, 4]. Therefore, increasing utilization of STI testing among women requires identification and reframing of the negative perceptions associated with STIs, as well as fostering a more supportive healthcare environment.

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Objectives/Purpose

- To identify perceptions of STI stigma among women, including emotional, cultural, and social components of discomfort, shame, and judgment.
- To explore the role of healthcare environments and provider attitudes in either reinforcing or reducing stigma surrounding STI testing among women.
- To inform future public health interventions aimed at encouraging utilization of sexual healthcare services among women and, ultimately, improving STI-associated morbidity.

Design/Methods

This analysis was conducted as a literature review synthesizing qualitative studies examining STI-related stigma. Studies must have been written in English, published within the past 25 years, and included data on female subjects only or data easily extractable from male subjects. The databases PubMed and ScienceDirect were searched using terms such as “STI stigma,” “women,” and “barriers to testing.” Studies were selected based on relevance to emotional,

cultural, social, and healthcare-related factors contributing to STI-related stigma. Thematic analysis was used to identify recurring patterns across findings.

Results

A review of the literature uncovered several—yet interconnected—dimensions of stigma and its impact on whether women seek STI testing.

1. Internal feelings of embarrassment and devaluation

For many women, STI testing inherently brings a sense of shame, arising not only from the possibility of a positive result but also from the act of testing itself [1]. The process is often perceived through a moral lens, carrying assumptions of promiscuity [2]. When results are positive, women frequently internalize feelings of contamination or uncleanness, contributing to a diminished sense of self-worth [3]. Together, these emotional burdens create hesitation to undergo STI testing.

2. Impact on current and future partner relationships

Despite understanding the importance of partner notification, some women report significant discomfort with disclosing a potential positive STI result—sometimes to the extent of avoiding testing altogether. Concerns include raising suspicions of infidelity with current partners and fear of rejection from future partners, especially in cases involving STIs without a known cure [4].

3. Public visibility and confidentiality concerns

Testing avoidance is partly influenced by the fear of being recognized at clinics, particularly in student health centers where peers or acquaintances are likely to be present [5]. Additionally, some women express concerns about confidentiality even after testing has occurred, including uncertainty about who can access their health records, potential mandatory reporting of certain STIs, and the risk of parental discovery through insurance communications [6].

4. Perceived invulnerability to infection

There is a common notion associating STIs only with individuals who are irresponsible or careless, leading some women to dissociate themselves from any perceived personal risk [7]. Such appraisals reinforce a false sense of immunity and reduce the likelihood of seeking STI testing.

5. Actual and perceived judgment from healthcare providers

Women may withhold information about their sexual health behaviors due to concerns about judgment from healthcare providers, leading to missed opportunities for indicated STI testing. Moreover, negative responses from providers following a request for testing or a positive result can discourage future engagement with healthcare services [8].

Conclusion

Stigma is a complex obstacle to STI testing among women. However, reframing STIs as common and treatable health conditions—rather than failures or consequences—may help reduce

these psychological barriers and normalize STI testing as a routine component of women's healthcare.

References

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