

Would You *Bleep* Someone With an STD?

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STD SEX

Would You *Bleep* Someone With an STD?

Before you answer, consider that a potential partner could be asking himself that same question about you. After all, half of sexually active people end up with an STD by age 25. And no, their sex lives don't—and shouldn't—come to a screeching halt. *Women's Health* reports on the smartest, safest ways to navigate this new normal. No judgments, just advice.



Ture Lillegraven

Kristen*, 34, was getting it on. It was the spring of 2008, and she was six months into a relationship with—how shall we describe it?—an *energetic* younger guy. So when she started feeling run-down, she chalked up her mild flulike weariness and the swollen lymph node in her groin to a yeast infection, which she knew could result from having lots of sex.

Unconcerned, she visited her doctor's office for a quick full-body exam, during which a physician's assistant pointed out something Kristen hadn't noticed: a single, painless bump near her vagina, smaller than a pencil eraser. It looked like a pimple. It wasn't. "After

the word *herpes*, I don't think I heard anything else," says Kristen, a Michigan-based designer.

Her swollen lymph node was a telltale sign that she'd recently acquired herpes simplex virus 2, a.k.a. HSV-2 or genital herpes. Yet, her young lothario denied having it and refused to be tested, and their relationship imploded, leaving Kristen to nurse her incurable infection and damaged psyche alone.

Thing is, she wasn't alone--not by a long shot. What Kristen didn't know then is that, in any given year, more women will join Club STD than get married or give birth. The current numbers are astounding: An estimated 19 million new infections occur annually, and at least 80 percent of women will have a bout with at least one type of down-there bug at some point in their lives. But while STDs are some of the most commonly diagnosed diseases on the planet, they are also among the most stigmatized and life-altering. What Kristen knows now: They don't have to be.

What Lies Beneath

Ew. Not me. I'm not the type to get an STD. Let's be honest, most people view themselves that way. It's understandable, considering that the mind-blowing stats are often easier to tune out than digest. The truth: You will likely encounter an STD, be it your own, a boyfriend's, or a friend's. What was once viewed as the exception has become the norm, says Kathryn Stamoulis, Ph.D., a New York City mental health counselor who specializes in sexual health.

The rising problem—for doctors and patients alike—is that most STDs have zero visible or tangible clues. For example, most people with genital herpes show no major symptoms, and as a result, they're probably

less likely to visit or be screened by their doctors. And even though testing for chlamydia is easy and accurate, just 38 percent of sexually active young women were screened last year, despite the fact that their tender cervical cells are ultra-vulnerable to infections.

Also troublesome are the ever-multiplying wily strains of certain STDs. There are now more than 100 different types of HPV, for instance, and researchers have ID'd new drug-resistant strains of gonorrhea. Plus, almost all kinds of STDs have started jumping—via oral sex—into the mouth, where they can spread but are harder to detect, says ob-gyn Catherine Hansen, M.D., M.P.H., an assistant professor at the University of Texas Medical Branch.

Yet despite all the numbers and hard facts, there is perhaps a bigger match lighting the wildfire-like spread of STDs. One that makes life after diagnosis way more complex than necessary.

The Shame Factor

Tara's STD education started early. Her mom, a nurse, set a "medically accurate" tone in their Bay Area home, and at school, she had the usual sex-ed classes from elementary through high school. Even so, while Tara, 21, was careful to use the NuvaRing birth control with her boyfriend, she didn't bother with condoms—yet she was still taken aback when she was diagnosed with chlamydia earlier this year. "The worst part," she says, "was the shame."

You probably remember that middle school sex-ed class pretty well: close-up slides of infected genitals colonized by red sores or oozing pustules. The images are comically grotesque and send a clear missive: STDs are ghastly and shameful; they are not a normal part of human sexuality. It's a message that not only sets people up for later emotional turmoil but also increases their risk for infection, says Stamoulis.

"When STDs are presented as nasty, dirty abnormalities, people tend to downplay their own vulnerability," she explains. "We don't view ourselves as disgusting, and we don't view people we're attracted to that way either. So instead of weighing real probabilities, people adopt an it-can't-happen-to-me mentality that has an effect on their sexual decision-making well into adulthood." (Accordingly, some 53 percent of young adults go without contraception when bedding new partners, according to a 2011 report.)

The New Normal

"It can't happen to me" doesn't coexist easily with "It did happen to me." It's a psychological double whammy: Infected women blame and judge themselves and feel blamed and judged by others. "They see themselves as damaged and assume others will too," says Stamoulis.

The truth is that the medical reality of an STD often pales in comparison to the emotional fallout, says ob-gyn Melissa Goist, M.D., an assistant professor at The Ohio State University Wexner Medical Center. "Physically, something like chlamydia, for example, is just an infection, like a cold," notes Goist. When caught early, it is easily treated with azithromycin.

Of course, medical facts don't always change public opinion, leaving STD patients anxious and without practical information. One common fear is that they'll be denied health insurance coverage. Hansen says she has never been refused insurance payment for treating an STD. "Preexisting conditions are given numeric scores by insurance companies and, with the exception of HIV, having an STD could never bump up someone's score enough to prevent coverage," says Chelle Moat, M.D., M.P.H., a medical director at Premera Blue Cross. (HIV remains a serious disease and is a topic worthy of its own feature story.)

Another unwarranted fear is that an STD equals instant infertility. Left untreated, certain curable ones, including chlamydia and gonorrhea, can leave scarring in the reproductive organs, which can lead to fertility woes. HPV and herpes don't typically affect fertility, but an outbreak during pregnancy could hurt

the baby and thus requires a C-section. The critical factor is ID'ing an infection before it can progress or threaten baby-making plans; share all of your health history with your doctor and get tested before you get knocked up.

Post-infection, though, the fear of a damaged love life looms largest of all. The worry can be so paralyzing that infected women often opt out of any intimacy at all. "But the reality is that the millions of people with STDs aren't all staying home; they're dating and falling in love and having kids," says Stamoulis. She helps her clients deal with shame and stigma through a talk-therapy process called cognitive restructuring, in which she counters false thoughts ("STDs are dirty") with facts ("STDs are no dirtier than the common flu"). Besides, the infections' sheer prevalence means your next partner will likely have had his own STD experience.

Tara's boyfriend did. After she nervously told him about her diagnosis—"I was worried he would think I was cheating on him"—he confessed he'd probably entered their relationship with chlamydia, the infectious equivalent of romantic baggage. They were both treated and are now chlamydia-free. Tara's new rule: She won't have unprotected sex with anyone until both of them have been tested.

For her part, Kristen rarely thinks about her genital herpes as more than a common skin disorder (most doctors feel the same way). Six months after her diagnosis, she met a guy at a party. After a cozy but sexless month of dating, she knew she had to tell him. She wrote a script, practiced it endlessly, and steeled her nerves with a glass of wine. Kristen expected him to bolt, but he seemed relieved. "He thought I was dumping him," she says. "After that, we were boyfriend-girlfriend. To be that vulnerable and have him accept me . . . it was intensely bonding."

Kristen rarely has an outbreak, so she doesn't take many meds (the genital-herpes drug Valtrex can be taken daily to prevent symptoms). If she knows she has a hot night coming up, she pops a pill a day or two beforehand to try to reduce the transmission risk, and they always use a condom. If she suspects an outbreak is coming, they don't have sex. Four years later, her boyfriend is still herpes-free.

"People think you get an STD only if you're morally bad, if you're slutty and sleep around," she says. She used to think that way too. Now she equates her STD to a paper cut—an annoying nuisance that won't kill you. Or your chance of having a hot, healthy love life. Provided, that is, you don't let shame or fear prevent you from acting responsibly and getting tested.

**Names and identifying details have been changed.*

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