When It Comes to Sexual Health, Why Is Your First Thought Shame?

To combat HIV and the rise of sexually transmitted infections, we must address these issues.

October 4, 2016 By Matthew Rose

Recently the Centers for Disease Control and Prevention released new data highlighting the rise of sexually transmitted infections (STIs) in this country, particularly among gay, bisexual, same gender loving and other men who have sex with men (MSM), triggering the age-old argument that stresses condoms as the panacea vs. holistic/whole body health to address the rise in STIs.

The rise of STIs is cause for concern and requires us to stop spending the bulk of our time arguing over the symptoms of this rise, rather than working on the root causes. We have to seize this moment in time to focus on whole body health and build a framework that takes a more holistic view of sexual health.

As the lens of public health shifts, we must abandon arguments and strategies of old to embrace new modes of thinking. The last robust progress against STIs in this country happened as the result of directing funding toward supporting programs to targeted epidemics for gay, bisexual, same gender loving and other men who have sex with men. As the funding changed or left these communities, the infections re-emerged.

When we fail to truly address the root factors contributing to the epidemic and when we neglect to scale up sustained prevention interventions for those people at risk, then we impede our ability to ensure lasting systemic change. In the realm of HIV prevention, much focus has shifted to looking at the factors that increase a person's vulnerability to HIV—factors like poverty, discrimination and sexual violence. The same is required in addressing STIs.

Little has been done to increase engagement in medical care for prevention reasons or to raise the collective consciousness around issues of sex, sexual health, and whole person care. Where are the body positive campaigns to help people become comfortable with their bodies to help dismantle shame and stigma? The drivers of both epidemics are similar, and without addressing these issues, we will not make inroads into the factors that increase this vulnerability.

Single shot interventions worked briefly. However, we now understand the need to build a culture of care that supports the individual beyond a prevention program or intervention. We have an opportunity to make sustained progress to help people reach their full health potential. We must usher in change within the health care system toward prioritizing sexual health as a component of

whole person care.

This is a good chance to think about what we need to do to change the health disparities. How do we raise the tide to help all ships?

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