

Health seeking behaviour and STDs

Information for students

Health behaviour refers to all those things humans do to prevent diseases and to detect diseases in asymptomatic stages. In contrast illness behaviour refers to all those activities designed to recognize and explain symptoms after one feels ill, and sick role behaviour refers to all those activities designed to cure diseases and restore health after a diagnosis has been made (pp 65 K.K. Holmes et al Sexually Transmitted Diseases 1st Edition).

The relationship between health behaviour and STDs must take into account the fact that STDs continue to be diseases of great stigma and cause emotional responses and subsequent behaviour not seen with other diagnoses. Health behaviour with regard to seeking information about STDs - diagnosis and prevention - may be modified by the individual's perception that doctors, counsellors and other health authorities are moral judges rather than medical advisers only.

Despite the so called "revolution" in sexual attitudes and behaviours over the last 30 years, STDs remain the most stigmatising diseases to acquire. Because STDs are associated with 'promiscuity' or 'immoral conduct' persons infected with STDs are often denied entry into the sick role and may be treated as criminals to be punished instead of sick people to be helped. (For example in the USSR people infected with syphilis must regularly report to the police as well as to medical staff).

It can be seen therefore that individuals infected with STDs will often deny their diagnosis or look for some nonsexual mode of infection (e.g. toilet seat splash—genital warts spread from warts on the hand).

It is also important to realize that there are STDs for which there are no effective treatments (viral infections) and therefore emphasis needs to be placed on encouraging behaviour modification in individuals at risk. If at risk individuals do not perceive that they are at risk then encouraging preventive health behaviour is an enormous task. However, it is one of the most important STD control strategies left to us to expand and improve.

Another difficulty associated with STDs is that unlike other medical conditions where health behaviour is an individual concern—preventive health behaviour against STDs requires the cooperation of a sexual partner. It is usually a joint decision. Therefore it is much more difficult to evaluate or predict safer sex practices (e.g. condom use) because of the extra person(s) involved. Strategies to assist individuals need to rely on promoting self esteem and assertiveness because often it is negotiating skills and communication with sexual partners which is the most important foundation for the ability to consistently follow safer sex guidelines.

Health seeking behaviour varies according to cultural and ethnic background. In Australia we can see quite different patterns in the presentation of STDs among clients of various ethnic backgrounds. In particular [aborigines](#) tend not to present early with any illness. When a diagnosis is made, further difficulty may be encountered with treatment compliance and follow-up. It may be important to enlist the support of other aboriginal support services, however, it is vital to remember that confidentiality must be preserved.