

# Take charge of your health today. Be informed. Be involved.

## Sexuality and Stigma

This month, the "Take Charge of Your Health Today" page focuses on sexuality and the stigmas associated with sexual behavior that sometimes prevent people from making healthy choices. Vianca Masucci, health advocate at the Urban League of Greater Pittsburgh, and Esther L. Bush, President and CEO of the Urban League of Greater Pittsburgh, shared their thoughts on this topic:

EB: Hello, Vianca. I hope that you're ready to chat a bit about stigma and sexuality.

VM: You bet I am, Ms. Bush. This is an interesting topic because it plays out in so many different ways and affects each person differently depending on their place in society and the identities with which they are associated.

EB: You're right! It is such a contemporary, yet sensitive topic. When we talk about sexuality and stigma we're exploring everything from prejudice against Gay, Lesbian, Bisexual, and Transgender persons to double standards that make it socially acceptable for men but not women to act on sexual urges.

VM: Let's unpack this a bit. Stigma, which is an association of shame, is directed by many things: culture, religion, law, history, the list goes on. Stigma becomes a health issue when it begins to influence behaviors that cause bad health outcomes. Both men and women are very concerned with stigma attached to their sexual behavior.

This concern can cause individuals to partake in risky sex behaviors and it can feed anxiety that may actually develop into mental illness.

EB: Here's the thing that I struggle with, Vianca.

Stigma is a social factor meaning that society at large buys into it. How can an individual trying to live "their best health" overcome what is backed up by common social thought?

VM: It is a complicated problem, isn't it? I don't think the responsibility should fall on one person; it is everyone's responsibility. Of course, each person is responsible for their own sexual health—making sure that they have safe sex, getting tested for HIV



ESTHER BUSH

and STDs at least once yearly, and having conversations with their partners about consent. But we are all also responsible for changing the narratives around sexuality. If we want a healthier sexual environment, we must all educate ourselves about our bodies and human sexuality, challenge sexuality stigma and body negativity in the media that we consume, discuss positive, alternative images and ideas, and have open conversations with our peers about how sexuality stigma affects our communities. Most importantly, we must help the children in our lives build pride in their identities. This will nurture the confidence they need to understand their worth and advocate for themselves in sexual situations and otherwise.

EB: Good point, Vianca. I have noticed how the maturing millennial generation has begun to change attitudes about sex a lot in the past few years by doing just what you're talking about. Millennials talk very openly about things that would have never been discussed twenty years ago like "slut-shaming" and "body positivity". This talk has helped make sexuality less of a taboo topic which has helped reduce the stigma.

VM: It is progress but we still have a long way to go. As a member of the preceding generation, what advice would you give to your peers who grew up in a time when sexuality was more of a taboo topic?

EB: I would encourage them to ask questions. A lot of stigma is caused by misunderstanding and it is very easy to be confused by the changing beliefs surrounding sex. If you're upset by the changing attitudes about sex or laws that benefit sexual minorities, don't allow that frustration to turn into prejudice. Instead, understand why people are pushing for change. If you feel as though these changing attitudes go against your religious beliefs, talk to a member of your clergy about your concern. This is an issue that affects many of us; we should be joined not divided by it.

VM: Perfect! Thank you for providing your insight on this issue, Ms. Bush. I look forward to hearing your thoughts on next month's topic: medical marijuana.

## Reducing stigma is everyone's responsibility

Stigma is a strong feeling of being shamed or disgraced. It can come not only from strangers but also from families, friends and peers. When people are stigmatized, other people's words and actions cause them to feel ashamed. These words and actions can be violent or discriminatory. When people are stigmatized because of how they identify themselves—by race, ethnicity, gender identification or sexual behavior—that shame can cause significant health problems.

A lot of stigma comes from attitudes about people's gender identities or sexual behaviors. People who are lesbian, gay, bisexual or transgender (LGBT) report experiencing high levels of stigma and discrimination.

"We know from research that stigma adds to negative health effects in many communities, including communities of color, LGBT communities and people with disabilities," says Sarah Krier, PhD, MPH, research specialist with the University of Pittsburgh Graduate School of Public Health's HIV Prevention and Care Project. "It keeps people feeling isolated within the larger community. It prevents people from getting information, seeking support and getting medical care."

"Stigma and discrimination can include rejection by loved ones, bullying or violence," says Mackey R. Friedman, PhD, MPH, assistant professor of infectious diseases and microbiology at Pitt Public Health. "If people have these negative experiences early in life, they are more likely to have depression, stress, drug or alcohol use and other poor health outcomes in adolescence."

Stigma and discrimination not only affect health directly but also the decisions that have the potential to negatively affect health.

Dr. Friedman says, "Research shows that people who experience stigma and discrimination early in life tend to have low self-esteem. This can lead to higher sexual-risk behavior (using drugs or alcohol and having sex, not using condoms or birth control, etc.) when they get older. And risky sexual behaviors can lead to higher rates of HIV [human im-



PRIDE PARADE—Supporters walking in the 2015 Pride Parade fill the streets of 5th Avenue in downtown Pittsburgh. (Photo by J. L. Martello)

## Acceptance Journeys Pittsburgh

Started and run by Drs. Krier and Friedman, Acceptance Journeys (<http://acceptancejourneysproject.org>) is a social marketing campaign (on a website, printed cards and billboards) to share stories of love and acceptance between people who are not LGBT and their loved ones who identify as LGBT.

"We talk to young LGBT people in Pittsburgh who are experiencing stigma and discrimination from families and peers. Reducing shame and prejudice about people who are LGBT are health care and community issues. It's why we started Acceptance

Journeys," says Dr. Friedman.

"With Acceptance Journeys, we're trying to counter the negative health effects of stigma against people who are LGBT by showing their loved ones have accepted them," says Dr. Krier.

Quotes from stories in the project include, "Who my son loves doesn't change my love for him," "I'll let God do the judging," and "If you love someone, labels shouldn't matter."

"Acceptance Journeys is a channel for the stories of real people in Pittsburgh who have LGBT loved ones," says Dr. Friedman.

"People who have come to us to share their stories are role models."

Dr. Friedman says these people are role models because some of them have also faced stigma. "People say that they're afraid that their friends or community will judge them because their loved one is LGBT," he says. "We know young people who get kicked out of the house for being gay or transgender. We're showing families who have been able to deal with LGBT kids in a beautiful and loving way. This doesn't have to mean a broken family; there can be a path to wholeness."

munodeficiency virus, which can lead to acquired immunodeficiency syndrome, or AIDS]."

Fear of stigma can lead to secrecy, which can also contribute to poor health. For instance, people may not want to tell their health care providers about their sexual behaviors for fear of being judged. A person feeling judged can lead to him/her not seeking resources like getting tested for sexually transmitted diseases or infections (STD or STI). Men who have sex with men may not identify themselves as gay or bisexual because they fear stigma and, therefore, feel they cannot openly discuss behaviors that may affect their health or the health of other partners.

According to the Centers for Disease Control and Prevention, 1.2 million people are living with HIV in the United States. Nearly one in seven of those do not know they are infected with the virus. But the disparities in infection among racial and ethnic groups are striking. African Americans bear the most severe burden of HIV and AIDS. African Americans account for 44 percent of new infections in the United States each year. Approximately one in 20 Black men will be diagnosed with HIV, as will one in 48 Black women at some point in their lives. The HIV incidence rate for African American women is 20 times higher than that of white women.

Health care providers recommend that sexually active adults get tested for STIs once a year. If people are afraid of people knowing they are getting tested, many sites, including the Pittsburgh AIDS Task Force, Allegheny County Health Department and Project Silk, offer free and anonymous STI/HIV testing. When people get tested, they can keep themselves and their partners healthy.

Remember that social and family supports are keys to health too. For people experiencing stigma or discrimination because of their gender identification or sexual behaviors, "You are not alone," says Dr. Krier. "There are social support and health care services in the community that can help."

## PrEP clinic helps prevent HIV infection

"PrEP" is short for pre-exposure prophylaxis, a prevention strategy where people who are not infected with HIV take a daily antiviral medication to prevent HIV infection. Truvada is a once-daily antiviral pill approved by the Food and Drug Administration for use as PrEP. The pill prevents the HIV virus from replicating in the body. The Centers for Disease Control and Prevention recommend that men who have sex with men, heterosexually active men and women and injection-drug users who have significant risk for exposure to HIV consider taking PrEP. Many clinical trials have demonstrated that PrEP, in addition to using condoms, is safe and effective at preventing the transmission of HIV.

The HIV PrEP clinic is housed within the Center for Care of Infectious Diseases at UPMC. The clinic is directed by Ken Ho, MD, MPH, assistant professor of medicine, University of Pittsburgh School of Medicine and HIV clinician and researcher. The clinic's mission is to provide the community with access to PrEP, prescribed by knowledgeable providers in a culturally sensitive and

stigma-free environment. Services provided include risk assessment, provision of PrEP, HIV/STI testing, case management services and adherence counseling.

If you are interested in seeing a PrEP provider, call 412-647-0996 to make an appointment. The HIV PrEP clinic is located in the Falk Medical Building, 7th floor, 3601 Fifth Avenue, Pittsburgh, PA 15213.

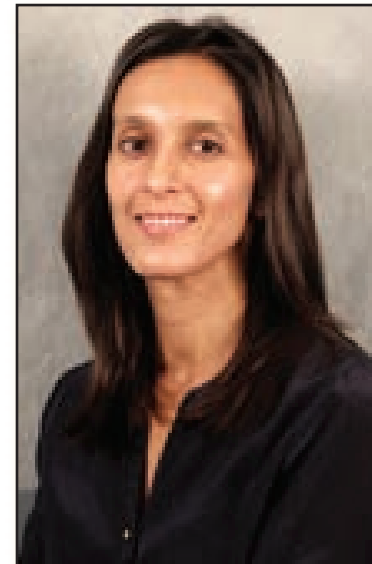
Pitt conducts many studies in HIV prevention, including studies of oral and topical PrEP. There is an ongoing study looking at the acceptability of short-term oral PrEP taken during high-risk periods (such as a vacation) for gay men who are HIV negative. The study provides a limited number of Truvada free of charge. Participants are compensated for their time. There are also upcoming studies of investigational products, such as antiviral gels, creams, rings and films that may be used to prevent HIV infection.

If you are interested in learning more about prevention studies at the University of Pittsburgh, please go to: <http://www.hivpreventionstudies.com/>.

## Examining contraceptive use and unmet contraceptive need among women veterans

Over the past 15 years, more women veterans have been using the U.S. Department of Veterans Affairs (VA) for their health care needs. Researchers are interested in studying two things about these women. The first is rates of their birth control use. The second is rates of unplanned pregnancy.

A study at VA Pittsburgh Healthcare System is the first to collect this type of information. Researchers found that around a quarter of women (27 percent) who want to avoid pregnancy are not using an effective method of birth control. Also, more than a third of pregnancies (37 percent) each year among women veterans are unplanned. These rates of unplanned pregnancy and



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nonuse of birth control are similar to what is seen in the general United States population of women of childbearing capacity. Researchers also found that among veterans, women of color were less likely than White women to use contraception. More research will explore the reasons behind these racial differences.

Unplanned pregnancies can be more difficult or dangerous for women veterans. They may suffer from more medical conditions or mental illness. Pittsburgh researchers will be examining whether women veterans with these issues feel that the VA is meeting their reproductive health needs.

Studies like this will help guide efforts to improve the quality of health care they receive.