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Combined prevention and ESI: a comprehensive approach to STIs

Prevención combinada y ESI: un camino integral frente a las ITS

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ABSTRACT

Introduction: the article presented sexually transmitted infections (STIs) as a health and social challenge that transcended the biomedical sphere. It explained that their transmission through sexual, perinatal, and parenteral routes, their potentially asymptomatic course, and the diversity of agents involved required evidence-based and unbiased strategies. It argued that risk reduction depended both on supplies—condoms, vaccines, and tests—and on the relational quality of the health system, health literacy, and educational environments capable of enabling informed decisions.
Development: it stated that STIs caused obstetric complications, infertility, co-infections, and psychosocial burden, with a greater impact in low-resource settings. He explained that correct condom use, regular testing, vaccination (HPV and HBV), PrEP, and harm reduction constituted the most effective combination of prevention measures. He noted that the LGBTQ+ population faced avoidable barriers—heteronormativity, stigma, and misinformation—that delayed consultation and impaired adherence. He described how insufficient staff training in diversity and person-centered communication made specific risks and needs invisible. He stressed the importance of knowing health rights, ensuring confidentiality, and promoting respectful treatment. Finally, he argued that comprehensive sexuality education, with a focus on rights and diversity, prevented violence, improved access, and strengthened autonomous decision-making.
Conclusion: he concluded that reducing transmission and harm associated with STIs required coordinating clinical, public health, and education efforts under the principle of dignity. He proposed institutionalizing continuous training, discrimination-free care pathways, universal access to supplies, and participatory surveillance to achieve more equitable and effective health outcomes.

Keywords: ITS; Combined Prevention; Heteronormativity; LGBTQ+ Population; Comprehensive Sexuality Education.

RESUMEN

Introducción: el artículo presentó a las infecciones de transmisión sexual (ITS) como un reto sanitario y social que trascendió lo biomédico. Explicó que su transmisión por vías sexual, perinatal y parenteral, su posible curso asintomático y la diversidad de agentes implicados exigieron estrategias basadas en evidencia y libres de sesgos. Sostuvo que la reducción del riesgo dependió tanto de insumos —preservativos, vacunas y pruebas— como de la calidad relacional del sistema de salud, la alfabetización sanitaria y entornos educativos capaces de habilitar decisiones informadas.
Desarrollo: expuso que las ITS causaron complicaciones obstétricas, infertilidad, coinfecciones

y carga psicosocial, con mayor impacto en contextos de menores recursos. Detalló que el uso correcto del preservativo, el testeo periódico, la vacunación (VPH y VHB), la PrEP y la reducción de daños constituyeron la prevención combinada más efectiva. Señaló que la población LGBTQ+ enfrentó barreras evitables —heteronormatividad, estigma y desinformación— que retrasaron la consulta y deterioraron la adherencia. Describió cómo la formación insuficiente del personal en diversidad y comunicación centrada en la persona invisibilizó riesgos y necesidades específicas. Recalcó la importancia de conocer derechos en salud, garantizar confidencialidad y promover un trato respetuoso. Finalmente, argumentó que la educación sexual integral, con enfoque de derechos y diversidad, previno violencias, mejoró el acceso y fortaleció la toma de decisiones autónomas.
Conclusión: concluyó que reducir la transmisión y el daño asociado a las ITS requirió articular clínica, salud pública y educación bajo un principio de dignidad. Propuso institucionalizar capacitación continua, circuitos de atención libres de discriminación, acceso universal a insumos y vigilancia participativa, para lograr resultados de salud más justos y efectivos..

Palabras clave: ITS; Prevención Combinada; Heteronormatividad; Población LGBTQ+; Educación Sexual Integral.

INTRODUCTION

Prevention, timely diagnosis, and comprehensive management of sexually transmitted infections (STIs) are a major health and social challenge. Far from being limited to a biomedical problem, STIs encompass epidemiological, behavioral, cultural, and human rights dimensions that affect sexual and reproductive health throughout the life course. Their transmission through various routes—sexual, perinatal, or parenteral—, their potential asymptomatic evolution, and the breadth of agents involved (bacterial, viral, and parasitic) require evidence-based clinical strategies, as well as unbiased public policies and professional practices. In this context, risk reduction cannot be explained solely by access to supplies such as condoms or effective vaccines; it also depends on the relational quality of the health system, the health literacy of communities, and educational environments that promote knowledge, attitudes, and skills for informed decision-making.

The LGBTQ+ population faces disproportionate avoidable barriers: institutional heteronormativity, historical stigmas, ignorance on the part of health personnel, unfriendly care circuits, and obstacles to exercising rights. Such conditions fuel underreporting, delay consultations, undermine adherence to checkups and treatments, and amplify adverse health outcomes. In turn, biases in undergraduate and graduate training—from gaps in sexual and gender diversity content to deficiencies in person-centered clinical communication—perpetuate practices that render specific needs invisible, homogenize risks, and deepen inequalities. Addressing these gaps requires a change in approach: moving from prescriptive and moralizing models to a positive, gender-sensitive, evidence-based sexual health paradigm that integrates combined prevention (condoms, testing, PrEP, vaccination), competent clinical support, and active respect for autonomy and identity.

This work frames STIs as a complex problem and addresses their determinants and consequences beyond the infectious episode: obstetric complications, infertility, co-infections, and psychosocial burden. It also analyzes how heteronormativity in care and misinformation among users and health teams operate as real structural risks. Finally, it substantiates the urgency of comprehensive sexuality education with a focus on rights and diversity, along with

ongoing training for healthcare personnel, to ensure safe, competent, and discrimination-free care experiences. Taken together, it offers a conceptual and practical roadmap to guide clinical, educational, and public policy decisions that reduce transmission, mitigate harm, and promote dignified care environments for all people.

DEVELOPMENT

STIs are a group of pathologies with diverse infectious etiologies, in which sexual transmission is the most frequent. However, other mechanisms of transmission may sometimes exist, such as perinatal or parenteral transmission. The term includes the asymptomatic stage, as it may be compatible with subclinical lesions (Díaz & Díez, 2013).

Etiological agents have humans as their only reservoir. Transmission occurs from infected individuals (with acute, chronic, or asymptomatic clinical forms) and is caused by direct person-to-person contact during sexual intercourse (Conde-González and Uribe, 1997).

There are different pathogens of bacterial, viral, and parasitic etiology that can be transmitted sexually, whether through vaginal, anal, or oral sex. There is a possibility that certain infections, notably chlamydia, gonorrhea, hepatitis B virus (HBV), HIV, and syphilis, may be transmitted from mother to child during pregnancy or during childbirth. It is also possible for infections to be transmitted through other non-sexual routes, such as blood transfusions or tissue transfers (Ministry of Health [MSAL], 2022).

STIs can have significant health consequences, including genital symptoms, complications during pregnancy, infertility, increased likelihood of HIV transmission, and psychosocial effects (World Health Organization [WHO], 2019).

In developing countries, STIs and their complications are among the five most common causes of healthcare demand. According to the latest estimates from the World Health Organization, approximately 38 million sexually active people aged 15 to 49 in the Americas have an easily curable STI (Messite & Warshaw, 2001).

In 2020, the WHO estimated 374 million new infections, with the four main STIs being: chlamydia (129 million), gonorrhea (82 million), syphilis (7.1 million), and trichomoniasis (156 million). More than 490 million people live with genital infection by the herpes simplex virus (HSV). Moreover, approximately 300 million women have human papillomavirus (HPV) infection, which is the leading cause of cervical cancer. An estimated 296 million people worldwide are living with chronic hepatitis B (García, 2022).

In some cases, these diseases have serious adverse consequences for reproductive health, beyond the infection itself, such as infertility or mother-to-child transmission. It is estimated that, in the last year, more than 900,000 pregnant women were infected with syphilis, resulting in 350,000 fetuses with varying degrees of impairment, including stillbirths. In addition, antimicrobial resistance, especially in the case of gonorrhea, poses a threat to reducing the impact of these diseases worldwide (Bouza & Burillo, 2016).

The correct use of condoms by men during sexual intercourse is the most effective way to prevent STIs. Condoms should be used during every sexual encounter. It is necessary to check that the condom is in good condition, i.e., do not use it if the packaging is broken or detached, cracked, dry, or sticky, or if the color is altered or uneven (Vasquez, 2019).

In addition, sexual abstinence (behavior in which a person does not have sexual intercourse), sexual practices without penetration (in which there is no intercourse (penetration), including kissing, hugging, and caressing), and avoiding multiple sexual partners are considered preventive measures for STIs. When a person has sex with multiple partners, it is one of the greatest risks for contracting HIV or an STI (Mayo Clinic, 2021). Getting tested; avoiding vaginal and/or anal sex with new partners until both have been tested for sexually transmitted infections; oral sex is less risky, but use a latex condom or dental dam to avoid skin-to-skin contact between the oral and genital mucous membranes; getting vaccinated before sexual exposure is also effective in preventing certain types of STIs. There are vaccines to prevent HPV and HBV (Ministry of Health, 2022).

LGBTQ+ people may be at higher risk for STIs, but this can be prevented. The Centers for Disease Control and Prevention recommend the following ways to avoid contracting an STI and stay safe (Centers for Disease Control and Prevention, 2023):

- Talk honestly with your healthcare provider about your sexual partners and sexual activities so they know what screening tests may be appropriate.
- Talk honestly with your sexual partner about STIs and testing before having sex.
- Use condoms correctly every time you have sex.
- Do not consume alcohol and/or drugs when planning to have sex, as these can impair your decision-making ability and lead to risky behavior, such as having unprotected sex.
- Limit the number of sexual partners.
- Get regular medical checkups. Knowing your health status in terms of STIs and HIV can encourage you to take protective measures.
- Talk to your healthcare provider about vaccinations for hepatitis A, hepatitis B, and human papillomavirus (HPV).
- If you are HIV-negative but may be at risk of exposure to HIV, consider taking HIV pre-exposure prophylaxis (PrEP). This is a prescription pill taken once a day that can reduce the likelihood of HIV infection by 92 to 99 %.

Health care for LGBTQ+ individuals

Heteronormativity

Heteronormativity is a system of social, legal, religious, and mental norms that considers heterosexuality to be the only acceptable and normal sexual orientation. Heteronormativity assumes that all people are heterosexual by nature and that heterosexuality is a superior ideal to homosexuality or bisexuality. This system also legitimizes a worldview based on two sexes and two genders and promotes stereotypes about sexual and emotional relationships and the institution of the family. Society associates positive attributes solely with heterosexuality, in addition to generating stereotypes about people's roles in society based on their gender (Estay et al., 2020).

People who identify as pansexual or bisexual are often believed to be in a state of indecision, so it is insisted that this is a phase that will eventually be overcome. In addition, there is a mistaken belief that all transgender people are involved in transvestism, which is associated solely with the sex trade. This heteronormativity in healthcare is reflected in the reactions of healthcare professionals regarding sexual orientation or gender identity (Estay et al., 2020).

In the case of LGBTQ+ people who identify as female, medical care is often biased in favor of stereotypes of reproduction and heterosexuality, which renders their real needs invisible.

Therefore, there are limitations in effective access to medical services. The effects of this heteronormative approach to health are reflected in the fact that healthcare is provided from a heterosexual perspective, without considering the specific needs of the population. Finally, there is the negative behavior of clinical and non-clinical staff in healthcare facilities (Estay et al., 2020).

Misinformation among health professionals

Health professionals lack knowledge on issues related to gender and sexual diversity. Therefore, the aforementioned inadequate treatment and invisibility of LGBTQ+ people occur due to a lack of knowledge on the subject, a lack of appropriate vocabulary, and stigmatization in relation to STIs. Professional teams emphasize HIV in this stigmatization. When they learn that the person in the consultation is homosexual, prejudices may arise, assuming that they have HIV because they are homosexual. This implies a discriminatory connection between LGBTQ+ people and STIs. Therefore, effective training of health personnel should be a priority, and fundamental concepts about sexual orientation and identity should be included in the care provided without gender discrimination (Estay et al., 2020).

Healthcare personnel have shown little understanding and sensitivity towards this group, which often results in lower-quality care. Healthcare personnel may have homophobic, lesbophobic, or transphobic attitudes, which can make LGBTQ+ individuals reluctant to disclose their sexual orientation, increasing their sense of isolation from healthcare services and making it difficult for them to receive quality care. This difficulty in communicating with healthcare professionals is described as a barrier to obtaining information in medical care, which prevents proper diagnosis and leads to the understanding that healthcare professionals do not recognize the possibility of other sexual orientations, leading to the denial or invisibility of certain identities, practices, and sexual choices of those who seek healthcare (Arenas, 2018).

Misinformation about patients' rights and responsibilities

LGBTQ+ people do not understand their own rights and duties regarding their healthcare, as they believe that these are not important when visiting medical centers. Although these rights and obligations are often mentioned in certain areas of public health centers, they are not always present in the areas frequented by LGBTQ+ people. Lack of knowledge about duties and rights makes it easier for LGBTQ+ people to find themselves in situations where their rights are violated. Therefore, it is clear that ignorance and fear of discrimination prevent LGBTQ+ people from exercising their medical rights (Estay et al., 2020).

Sometimes, it is not even a matter of not recognizing their rights, but of ignoring or denying the sexual choices and practices of patients, which are not recognized by professionals (Arenas, 2018).

Recognition of diversity

In terms of positive perceptions of healthcare, the personalization of service, the dedication of professionals, and the absence of prejudice in care stand out. This is because medical staff are willing to ask questions they do not know about their patients, which creates a more relaxed atmosphere. This allows for the establishment of a bond of trust and effective communication between those seeking care and those receiving care (Estay et al., 2020).

Sexual and reproductive health being a fundamental component of this right, all people have the right to enjoy the highest possible level of physical and mental health, without discrimination

based on sexual orientation or gender identity. However, discrimination and violence against LGBTQ+ people exist in the health system due to specific attitudes or actions that prevent access, retention, and adequate care for the population based on their sexual orientation or gender identity (Barrientos et al., 2012; Yogyakarta, 2007).

Importance of comprehensive sexuality education

University is an important place for creating healthy lifestyles. The WHO considers that educational programs should address topics such as hygiene, nutrition, accident prevention, substance use prevention, and sexual and reproductive health from the basic level. Only sexual and reproductive health is controversial, especially when included in comprehensive sexuality education (CSE) (O'Byrne et al., 1996).

CSE is essential for preventing teenage pregnancy, HIV, and other infectious diseases, as well as dating violence and homophobic violence. However, there is strong opposition from conservative groups that refuse to accept the evidence and are swayed by ideology, as happened in the 1950s, when several Latin American countries began promoting family planning (Buse et al., 2016; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2016).

Opposition now focuses on diversity education rather than reproductive health. UNESCO has recommended that the EIS include sexual diversity issues in educational programs to prevent violence against LGBTQ+ students or those perceived as such by their peers (Attawell, 2012). About two out of three LGBTQ+ students are victims of homophobic bullying in educational institutions, which can range from insults to beatings and rejection, sometimes leading to suicide (Baruch-Dominguez et al., 2016).

Both male and female homosexuality, as well as transsexuality, are due to a series of biopsychosocial factors that are not transmitted, taught, or cured. They are who they are. International organizations such as the United Nations (UN) High Commissioner for Human Rights and the Inter-American Commission on Human Rights have called for full respect for the rights of LGBTQ+ people, such as access to health care and education (WHO, 2013).

Sexual diversity education involves teaching students that there are people who are erotically and emotionally attracted to people of the same sex, that these people deserve respect, and that their families are just as normal as families formed by heterosexuals. In addition, it explains that some people have a gender that does not correspond to their sex at birth and deserve the same respect as anyone else. When it comes to people's well-being, dogma must be set aside. This is not about ideology, but about public health and human rights. UNESCO has demonstrated through successful experiences in several countries, from the Netherlands and Australia to Thailand and Uruguay, that diversity education is essential and completely safe (WHO, 2013).

If no action is taken, most LGBTQ+ students will continue to be victims of bullying in schools, and homophobia will persist in other places, such as the home, the workplace, and the street. A more inclusive and respectful society, not only in terms of sexual orientation and gender identity, but also in other aspects that affect sectors discriminated against because of their ethnic origin, socioeconomic status, occupation, or health status, will be the result of educating about diversity. Furthermore, a society without discrimination is healthier, has less violence, fewer mental health problems, and greater access to health services. Therefore, it is more urgent than ever to provide comprehensive sexuality education that takes diversity into account (WHO, 2013).

CONCLUSIONS

In summary, the analysis presented confirmed that STIs are a complex, dynamic, and multi-causal problem whose mitigation requires comprehensive responses that go beyond isolated clinical acts. The evidence examined showed that sexual, perinatal, and parenteral transmission, the possibility of asymptomatic courses, and the diversity of pathogens required a sustained, combined prevention approach: correct and consistent use of condoms and barriers, available vaccination, periodic screening, timely treatment of cases and contacts, and harm reduction strategies adapted to real contexts. Similarly, it was found that the biomedical consequences—infertility, obstetric complications, co-infections, and psychosocial sequelae—were exacerbated when the health system operated with heteronormative biases, unfriendly circuits, and training deficits in diversity and clinical communication.

Furthermore, it was evident that LGBTQ+ individuals faced avoidable barriers that increased risk and decreased adherence: stigma, depersonalized treatment, lack of knowledge of rights, and an educational environment with gaps in comprehensive sexuality education. These gaps functioned as structural determinants of health and, therefore, addressing them required public policies with a gender and human rights perspective, specific budgets, and accountability mechanisms. The article emphasized that the quality of the therapeutic relationship—inclusive language, robust informed consent, guaranteed confidentiality, and active respect for identity—was as crucial a preventive measure as any pharmacological intervention.

On that basis, it was concluded that health systems should institutionalize ongoing training in sexual health, diversity, and person-centered communication; formalize discrimination-free care pathways; integrate comprehensive sexuality education at all educational levels; and ensure universal access to supplies, testing, and treatment without economic, geographic, or symbolic barriers. It was also recommended to strengthen epidemiological surveillance with community participation, incorporate indicators of quality perceived by key populations, and promote applied research that evaluates the effectiveness of culturally competent interventions.

Finally, the paper argued that reducing transmission and the harms associated with STIs was only possible when clinical practice, public health, and education advanced in a coordinated manner under a single guiding principle: dignity. A system that listened, reported without prejudice, protected confidentiality, and made prevention and treatment tools accessible proved not only more effective epidemiologically but also more equitable. Consequently, the strategic path became clear: to consolidate a culture of care grounded in evidence and rights that, by recognizing diversity, would guarantee better health outcomes for all people.

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