Awareness of sexually transmitted diseases (STDs) among married women of reproductive age group in Barahi, Chiraigaun, India

S.Thapa[1], H. Hassan[1]

MS Resident[1] ENT.Barahi, Chiraigaun, India

Abstract

A survey was conducted using 139 rural married women to know awareness of sexually transmitted diseases (STDs) in Barahi, Chiraigaun, a rural primise in India. About one-fifth of the respondents were aware of STD, of which there was only one female who had heard of STD. Very few people sought for help from medical practitioners and less than one-fifth of the diseased people failed taking medicine regularly. Treatment cost ranged from Rs 10 to 5,000. Mass media like TV was not popular among rural people. Health workers were effective means of propagating knowledge and creating awareness. None of the diseased persons were using condom while 10% of non-diseased respondents used condom. No awareness program on health was conducted in the locality within a year. None of the respondents were able to tell whether STD's and HIV were same or different.

Key words: Sexually transmitted disease (STD), health worker, condom.

Introduction

Sexually transmitted diseases (STDs) are major cause of morbidity among men and women with high incidence levels compounded by poverty, cultural practices, and limited access to effective diagnostic and treatment services in developing countries. While sub-Saharan Africa has the highest incidence of STDs, the greatest numbers of infected people are in South and SoutheastAsia.[1] The impact of STDs including HIV on developing countries is being increasingly recognized and more stress is given to women as they are physiologically more receptive and vulnerable and have more frequent and serious problem of STD infection to men. In South East-Asia, India has the highest incidence of STDs.[2] The rural setup accounts for more than 75% of this burden conferring to the rural illiteracy, unsafe sexual measures, limited access to medical facilities and the most significantly their unwillingness and reluctant attitude towards seeking health service. Hence, this study was conducted to see educational status and awareness of the STD among reporductive women.

Correspondences: Suman Thapa
E-mail: *mustine@gmail.com*

Materials and methods

This study included 139 married women of the reproductive age group in Barahi, Chiraigaun, India during May-June 2005. For this, the semi-structured questionnaire was developed and finalized after reviews by the experts. Concerning the social

acceptability norms, a Health Worker (HW) was taken to facilitate in the discussion while interviewing women door to door and recording responses in a readymade proforma. Nearly, five sectors were covered within a month and adequate counseling and follow up was done there after. The information was coded, entered in computer, analyzed using Microsoft Excel software package and results interpreted supporting with available literature.

Results and Discussion

Only about one-fifth of the diseased persons were aware of STD (Fig- 1). It was very interesting to note that only one female had heard of STD's.

Fig-1: Awareness of respondents about STD in rural area of Barahi, Chiraigaun

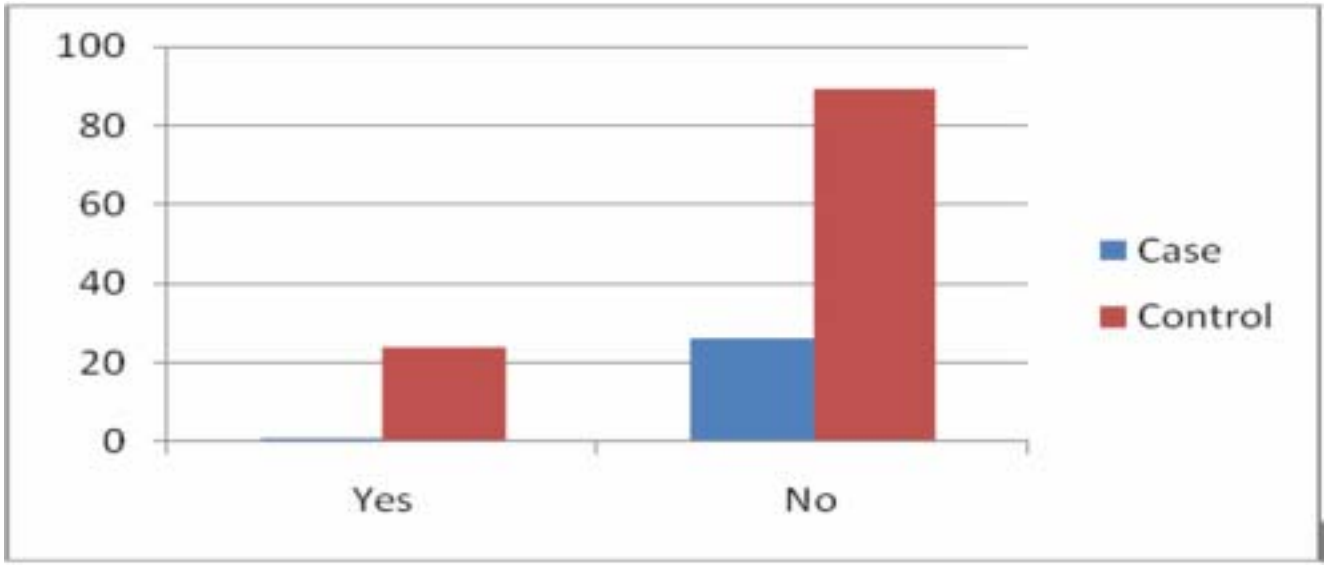


Table-1: Respondents seeking treatments in rural area of Barahi, Chiraigaun

SN	Seeking treatment	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	12	44.44	19	16.96	31	22.30
2	No	15	55.56	93	83.04	108	77.70
	Total	27	100	112	100	139	100

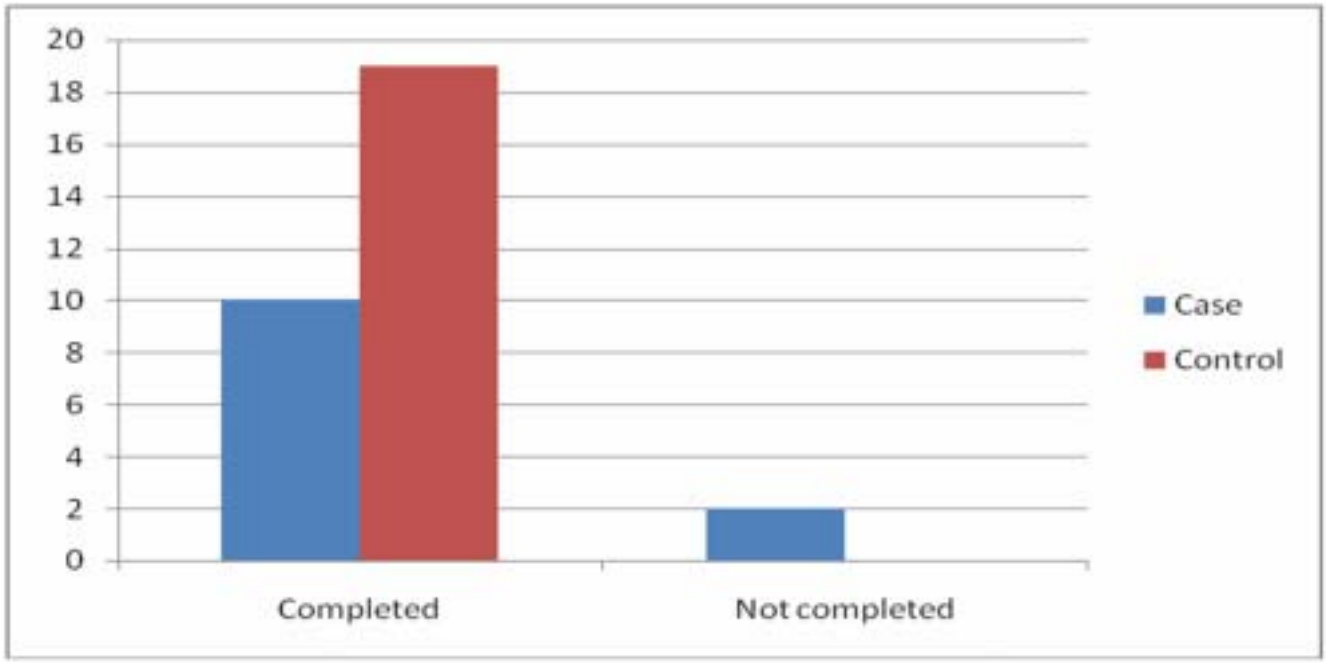
Table- 2: Respondents choice in receiving treatments in rural area of Barahi, Chiraigaun

SN	Professional	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Medical	5	41.67	6	31.58	11	35.48
2	Quack	7	58.33	13	68.42	20	64.52
	Total	12	100	19	100	31	100

More than half of the diseased as well as more than three fourth of the control people did not seek treatment for any kind of illness. Very few, who shought treatment, visited quacks instead of medical practitioners (Table 1&2).

Less than twenty percent of the diseased people did not take medicines regularly (Fig -2) while all the control persons completed their course of treatment.

Fig -2: Treatment course completion rate amongst cases and controls in rural area of Barahi, Chiraigaun



The expenses ranged from Rs 10 to 5,000 based on income and accessibility. All the cases treated by either doctor or quack never resolved increasing the morbidity. Out of the treated cases, only one was subjected to advise for partner notification and only one husband sought for treatment. In fact, no one received full advice and no one was told to use barrier and condom promotion. It was heard from health worker (local) that there were no professional doctors in the localities. Only a single person knew about STD (Table-3)

Table -3: Information on STD received by respondents in rural area of Barahi, Chiraigaun

SN	Informations	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	1	100	18	78.26	19	76.00
2	No	-	-	6	21.74	6	24.00
	Total	1	100	24	100	25	100

Only one case, i.e. a respondent could tell about the sources of getting information, which was via TV and HW both and could tell the mode of transmission being unsafe sex and bad sexual hygiene (Table 4,5 & 6). In fact, health workers were an effective means to propagate knowledge and create awareness among the rural community.

Table- 4: Sources of information on STD perceived by respondents in rural area of Barahi, Chiraigaun

SN	Informations Source	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Television	1	50.00	8	44.44	11	57.89
2	Health worker	1	50.00	10	55.56	8	42.11
	Total	2	100	18	100	19	100

Table- 5: Information on mode of transmission received by respondents in rural area of Barahi, Chiraigaun

SN	Mode of transmission	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	1	3.70	11	9.82	12	9.35
2	No	26	96.30	101	90.18	127	90.65
	Total	27	100	112	100	139	100

Table- 6: Unsafe sex as risk of STD perceived by respondents in rural area of Barahi, Chiraigaun.

SN	Unsef sex	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	1	100	13	56.52	14	56.00
2	No	-	-	11	43.48	11	44.00
	Total	1	100	24	100	25	100

Common modes of presentation were found to be vaginal discharge and burning micturition as told by very few of the diseased and control persons. (Table -7).

Table-7: Common modes of presentation told by respondents in rural area of Barahi, Chiraigaun.

SN	Information on sign/ symptoms	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	1	3.70	3	2.68	4	2.88
2	No	26	96.30	109	97.32	135	97.12
	Total	27	100	112	100	139	100

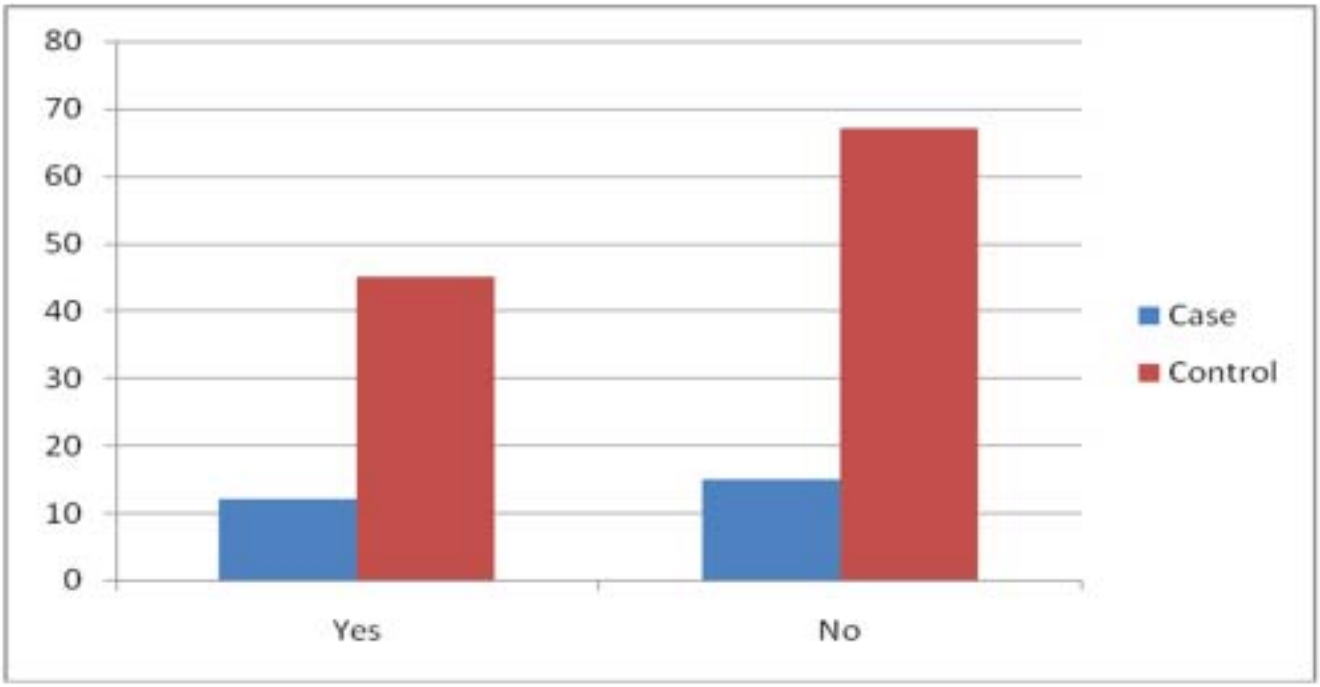
None of the infected persons were using condom as they did not know that it could prevent STD's, while 10% of non-diseased respondents used condom just for spacing childbirth (Table -8).

Table -8: Respondents practicing use of condom in rural area of Barahi, Chiraigaun.

SN	Condom use	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	-	-	11	9.82	20	14.40
2	No	27	100	101	90.18	119	85.60
	Total	27	100	112	100	139	100

In fact, it was irony that more than half of the cases and controls had neither seen nor heard about condom and there was not much of difference between cases and control (44% Vs 40%) groups to have information about condom. (Fig-3).

Fig- 3: Information on condom received by respondents in rural area of Barahi, Chiraigaun.



No awareness program on health was conducted in the locality within a year (Table- 9). None of the respondents were able to tell whether STD's and HIV were same or different (Table- 10).

Table- 9: Respondents realizing need of awareness program in rural area of Barahi, Chiraigaun.

SN	Condom use	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	-	-	-	-	-	-
2	No	27	100	112	100	139	100
	Total	27	100	112	100	139	100

Table-10: Respondents believing STD/HIV as same disease in rural area of Barahi, Chiraigaun

SN	Condom preventing STD	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	-	-	1	0.90	1	0.72
2	No	-	-	2	1.80	2	1.44
3	Unknown	27	100	109	97.30	136	97.84
	Total	27	100	112	100	139	100

Just a single respondent had information on STD and its control measures and. replied that awareness program could be effective (Table 11).

Table- 11: Information on STD control as received by respondents in rural area of Barahi, Chiraigaun

SN	STD control	Cases		Control		Total	
		Freq	Percent	Freq	Percent	Freq	Percent
1	Yes	1	100	11	52.17	12	48.00
2	No	-	-	13	47.83	13	52.00
	Total	1	100	24	100	25	100

Discussion

A prevalence of 20% was observed, which was probably attributed to: (i) illiteracy and lack of awareness for sexual hygiene; (ii) inappropriate and unhygienic practices like intra-vaginal placement of cloth, vaginal douching etc (iii) Taboos regarding menstruation; (iv) shyness and unwilling attitude of women to expose the sexual infections (iv) inadequate or limited access to health services (v) flourishing practices of quacks and (vi) poverty cum low socioeconomic status of the family and community. It is true that STDs) are major source of morbidity among men and women in developing countries, like India, where majority of the incidences in poor communities because of limited access to effective diagnostic and treatment services.[1] Women are physiologically more receptive and vulnerable to frequent and more serious problems of STD infection compared to men[3,4], which is true in this study also. Practicing unsafe sexual measures and reluctance towards seeking health services further intensifies the problem. WHO has setup a new approach called syndromic management of STDs as a better alternative[6] which we could follow on for the betterment of these category of patients.

Conclusion

This study showed that there was a high prevalence (20%) of STDs and many problems existed among the rural reproductive women of Barahi, Chiraigaun. These include illiteracy among women and lack of awareness about sexual hygiene in the rural community, taboos regarding menstruation in the rural socio-cultural system, shyness, privacy and unwilling attitude of married women to expose their sexual infections to family members, neighbours, poverty and low socio-economic status of rural community and quacks keeping professional medicine and practitioners in shadow. Therefore, creating awareness and providing regular health services among the rural community is necessary.

References

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