Prevalence of Self-Reported Sexually Transmitted Infections (STIs) among Women Attending a Primary Health Centre of Rural Puducherry, South India

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Prevalence of Self-Reported Sexually Transmitted Infections (STIs) among Women Attending a Primary Health Centre of Rural Puducherry, South India

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Abstract

Research question: To describe the profile of women patients seeking care for STI symptoms in a Primary Health Centre (PHC) of rural Puducherry, India.

Settings: Hospital based study.

Study design: Retrospective record review.

Methodology: Secondary data analysis was done using OPD (Out-Patient Department) registers of the PHC. The data pertained to the period January to December 2011. All necessary precautions were taken to maintain patient confidentiality. Data were extracted into excel spreadsheets and descriptive analysis was done.

Results: A total of 41,787 new female patients attended OPD of the PHC for any illness during the year 2011. Out of these, 409 patients presented with STI symptoms. Thus the prevalence of self-reported STI among female patients attending the OPD was 0.01%.

Conclusion: The prevalence of STI symptoms among women attending OPD of the PHC was very low. There is a need to strengthen awareness generating activities to help women seek early care for STI related problems.

Keywords: STI/RTI, Women, Prevalence, Primary care, India.
Introduction

The World Health Organization (WHO) estimates that the major global burden of curable Sexually Transmitted Infections (STIs) is borne by countries in Southeast Asia including 50 million new cases of STIs from India alone.\(^1\) The National AIDS Control Organisation (NACO) estimates that 12% of female clients attend Out-Patient Department (OPD) of Primary Health Centres (PHCs) for STI related complaints and that the prevalence of STIs among sexually active adults in India is about 5 to 6%.\(^2\) The epidemiological features of STIs in India are changing constantly due to reasons such as the population structure having high proportion of sexually active persons, increasing rural to urban migration, stigma associated with STIs, the irrational use of over-the-counter antibiotics, development of resistance and behaviour change subsequent to recognition of the HIV epidemic.\(^3\) The public health facilities are also inadequately equipped to deal with the changing needs of patients with STI. There is also a lack of awareness among people about the importance of STIs, their early detection and treatment and about public health care facilities where STI services are offered. These issues are compounded by the dearth of community level data on the prevalence and incidence of STIs (either laboratory confirmed or symptom based) in India. All these reasons make control of STIs a challenging public health problem in India. In this study we analysed OPD data from a PHC in rural Puducherry to determine the proportion of women seeking care for STI related symptoms.

Materials and Methods

This was a record based study carried out in a rural Primary Health Centre (PHC) in Puducherry, south India. The PHC caters to a population of about 26,000. There are five sub-centres catering to approximately 5000 population each. An out-patient clinic runs six days in a week and the average OPD attendance is about 150 patients per day. A register is maintained at the OPD for documenting the diagnosis of patients. Diagnosis made by the physicians was entered in the OPD register daily. A laboratory is attached with the PHC. Information required for the study like age, sex, residence, new or old case and principal diagnosis were extracted from the registers using a data extraction sheet. Only newly registered patients between January 2011 and December 2011 were included. All necessary precautions were taken to maintain patient confidentiality. Data were entered in Microsoft Excel and analysed using SPSS version 17.0. Descriptive analysis was done and proportions given wherever necessary.

Results

A total of 41,787 female patients attended the PHC for any illness. Out of these, 409 patients presented with vaginal discharge and lower abdominal pain. Other symptoms of STI were not reported by any patient. Thus the prevalence of self-reported STI among female patients attending the OPD was 0.01%. Majority (59%) of these patients were in the age group 25 to 44 years. Proportion of vaginal discharge and lower abdominal pain among these patients was 53% and 47% respectively. (Table I)
Table I: Profile of women patients seeking care for STI symptoms

<table>
<thead>
<tr>
<th>STI symptom</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-44</th>
<th>&gt;44</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal discharge</td>
<td>2</td>
<td>42</td>
<td>66</td>
<td>64</td>
<td>44</td>
<td>218</td>
</tr>
<tr>
<td>Lower abdominal pain (PID)</td>
<td>0</td>
<td>32</td>
<td>52</td>
<td>58</td>
<td>49</td>
<td>191</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>74</td>
<td>118</td>
<td>122</td>
<td>93</td>
<td>409</td>
</tr>
</tbody>
</table>

VDRL (Venereal Disease Research Laboratory) test done for all patients with STI symptoms did not give any positive test results.

Discussion

The prevalence of self-reported STIs among females attending OPD in this PHC was extremely low. According to a community based survey conducted in Tamil Nadu the prevalence of vaginal discharge was 41.5% and that of ‘any STI’ was 15.8%. This shows that even though there is a huge burden of STI in the community women are not accessing public health facilities for seeking early care. There are several possible reasons for this low prevalence among OPD attendees. First, the recording of STI related symptoms may not be complete in the OPD register. Second, the patients who had come for an unrelated illness, might during the course of interview reveal their STI related symptoms and this secondary diagnosis may not have been entered in the register. Third, patients may be unaware of the services available in the PHC and hence may not seek treatment for this particular problem unless asked specifically about it. Fourth, the absence of lady doctor in this particular PHC may be a reason because female patients may not comfortable discussing their symptoms with a male doctor. Fifth, the stigma associated with STIs may prevent women from seeking care at an OPD where complete privacy and confidentiality are not ensured. Sixth, the doctor may not be sufficiently trained to actively seek out this problem in women of reproductive age group. Seventh, STIs may not be a district priority programme and hence the system may not be geared to manage such patients. Finally, patients may access care from private providers or higher centres or informal practitioners due to issues of confidentiality.

Some of these issues can be addressed easily. Training medical doctors on the management of STIs and refresher courses for already trained personnel may ensure active seeking of STI related symptoms. Maintenance of a separate STI register may ensure complete recording of data with relevant patient details. Ensuring privacy for consultation in OPDs may reduce the stigma element and encourage patients to come forward with such symptoms. The NACO’s estimate of STI prevalence among OPD attendees is rather high for a primary care level facility. Also the source of such data is unclear. Although the burden of STIs in India is increasing the traditional STIs like Syphilis are showing a declining trend. In this study we found a zero prevalence of VDRL positivity among patients who had STI related symptoms. Another study from Tamil Nadu reported a prevalence of 3.6% for syphilis among patients who attended Primary Health Centres. STIs are an important public health problem because of their wide ranging adverse effects on health such as infertility, ectopic pregnancy, maternal mortality, chronic pelvic pain and cervical cancer in women and perinatal deaths and infant blindness in the offspring and also STIs account for a significant proportion of OPD visits in most countries. Another problem of STI control is that a substantial proportion of affected persons remain asymptomatic and may continue to spread the infection to sexual partners.
STI control programme is one the earliest public health programmes to have begun in India and its implementation has never been a priority for any state. The current impetus which the programme has received as a result of NACP (National AIDS Control Programme) should be utilised properly to strengthen services at primary care level. The first and foremost step would be to generate awareness in the community about the problem and devise mechanisms for generating community level prevalence data which will be useful for planning purposes. Since there is lack of robust community level prevalence data on STIs (both syndrome based and laboratory confirmed), we have to begin with strengthening of health facility data. Since PHCs are closer to the community, a proper mechanism to collect STI related data at this level with provide us the necessary data for planning STI related services. Laboratory facilities for STI services at primary health care level also needs to be strengthened in terms of making available Rapid Diagnostic Kits covering common syndromes and training of laboratory personnel. PHCs should be linked to designated ‘Surakhsha Clinics’ (specialised STI clinics operating under NACO) at the sub-district level to maintain appropriate referral linkage.

Conclusion
In conclusion it can be said that only through coordinated efforts at various levels, addressing key client concerns and generating robust programme data can the STI control programme really be successful in India.
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