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A retrospective study to assess the prevalence/practices in the STI/RTI attendees of SURAKSHA clinic

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Abstract
Background & Objectives: Gujarat state estimated an annual incidence of 1.8 million STI/RTI episodes in the state (population of 6 million with 50 % of it as adult & with a rate of 6 % of STI episodes per year among adult population).
The Objectives are
1) To assess the distribution of syndromes in both the genders.
2) To study the determinants affecting their spread in STI/RTI patients.
Material and Methods: A retrospective Analysis was done from June 2015 to December 2015 on the profiles of various attendees of a designated Suraksha clinic affliated with a tertiary care centre in urban area of Ahmedabad, Gujarat.
Results & Conclusion: About (37.77 %) and (47.52%) affected STI/RTI patients were belonging to 25-44 age-groups. Highest transfer of infection was via male to female route of sexual transmission.
75% of follow-up completion rate was seen in female RTI patients.Approx.22.58 % prevalence of lower abdominal pain was diagnosed in female while 20.14% were seen in males.

Keywords: STI/RTI, syndromes, suraksha clinic.

Introduction

Equivalence Partitioning

Gujarat state estimated an annual incidence of 1.8 million STI/RTI episodes in the state (population of 6 million with 50 % of it as adult & with a rate of 6 % of STI episodes per year among adult population) [3] Total 66 STI/RTI clinics are existing in Gujarat. About 9 STI clinics are in ahmedabad.8 clinics are in urban Ahmedabad and 1 is in viramgaam district of rural Ahmedabad.

Sexually transmitted infections (STIs)/Reproductive tract infections (RTIs) continue to be a major public health problem with significant burden on the society even after so many health care programmes being organized by the governmental and non-governmental organizations and awareness created among general public about STIs.[2]Though they cause suffering for men and women yet their consequences are far more devastating and widespread among women. Prevalence of STIs are significantly higher among women than among men in developing countries. [1]

Sexually transmitted infections (STIs) rank among the top five conditions for which sexually active adults seek health care in the developing countries. As per the STI prevalence study (2003), over 6% of the adult population in India suffer from one or the other STI/RTI. There is enough evidence to suggest that early diagnosis, treatment and management of STIs including inducing behavior change through education amongst the target groups will reduce transmission of STIs and HIV (Lancet 1995; 346:530-536). [3]

Failure to diagnose and treat STIs at an early stage in women of reproductive age group may result in serious complications and squeals, including infertility, fetal wastage, ectopic pregnancy, ano-genital cancer and premature death, as well as neonatal and infant infections. Effective control of STIs is a strong and most cost effective strategy for reducing/preventing transmission of HIV. [3]

This is because both STIs and HIV have same routes of transmission and occur in individuals practicing similar type of high risk behavior i.e. unsafe sexual intercourse (with or without substance abuse, alcohol use). Also the presence of a STI in the sexual partner increases the risk of acquisition of HIV from an infected partner many times during unsafe sexual act. The presence of HIV affects the clinical presentation, course, diagnosis as well as management of STIs and presence of STIs increases the risk of acquiring HIV. [3]

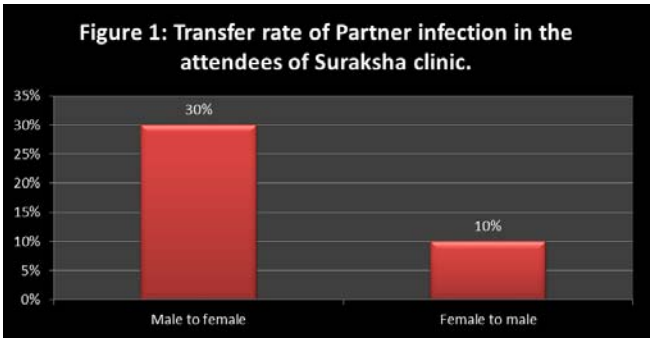
Methods and materials

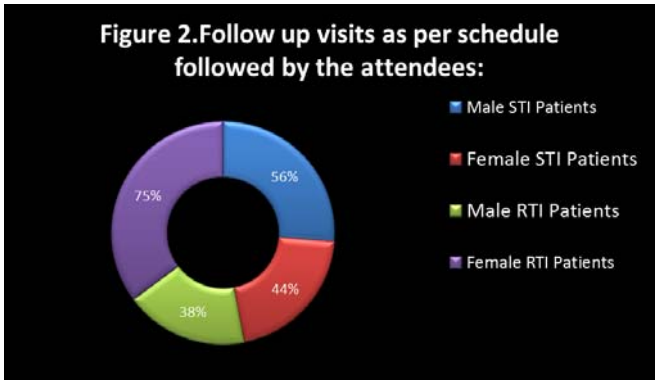
A retrospective Analysis was done from June 2015 to December 2015 on the profiles of various attendees of a designated Suraksha clinic affliated with a tertiary care centre in urban area of Ahmedabad, Gujarat. Prior approval of ethical committee was taken. Prior consent from NACO was also taken. Secondary Data was obtained through the records provided by the counsellor. Total 695 attendees were studied thoroughly during the process. The Data analysis was done in Microsoft excel 2010 and epic info. In this study data of all the patients who had either clinical evidence of STIs as per the NACO's syndrome management guidelines or serological evidence of STIs were included. Those STI patients with HIV and RPR positive were also included in the study

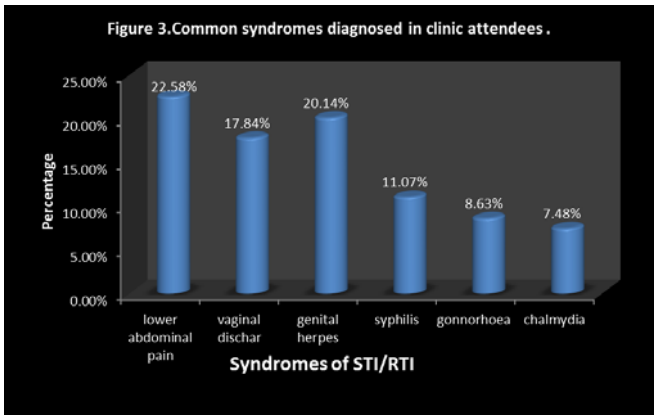
Results

Table 1: Distribution of syndromes in the index patients of various age-groups

Age in years(N=695)	Male (%)	Female (%)
<20	78(28.89)	25(5.85)
20-24	30(11.11)	36(8.47)
25-44	102(37.77)	202(47.52)
>44	60(22.22)	162(38.11)
Total	270	425







Discussion

My study revealed that poor hygiene among the community was the chief reason for recurrent Infections. Even though Free Treatment in the form of 7 Color Coded Drugs Kits made available by NACO, the patients and their partners stop the use of these kits mid-term and thus complete recovery takes more time then estimated. Due to irrational fear of scarred reputation in society, the patients often give wrong information and are difficult to follow by the health care providers.

The most common Syndrome affecting the women was lower abdominal pain while genital herpes and Syphilis were quite common in male patients. Most females (42.20%) of reproductive tract infections had constant complaints of their spouse not using condom during intercourse. Majority of the male patients attending clinics were daily wages labourers while the women patients were housewives. The ratio of adolescents male having STI was three times the female gender. Also the prevalence of STI in unmarried migrated men was high. Patients chooses to go in a faraway designated STI centre due to avoid being seen by known members of his residing contacts if he goes for check-up, but due to high transport fare he quits follow up sessions. These leads to severe health complications and further hospitalization in patients.

In most of the service delivery settings, the syndromic approaches whether "standard" or "enhanced" have been shown to be effective in relieving the symptoms and in prevention of obstetric and gynecological complications (and possibly HIV transmission). In the present study, it is pertinent to mention that amongst index patients the number of female attendees is almost three times the number of males [4] Partner infection spread from female to male is only 10% while it is 30% in male to females.

World health organization had estimated that more than one million acquire a sexually transmitted infection (STI) every day. Every year an estimated 500 million people become ill with one of the four STIs: Chlamydia, gonorrhea, syphilis and trichomoniasis. More than 530 million people have herpes simplex virus type 2 (HSV2) and more than 290 million women have human papilloma virus (HPV) infection [5].

Even though, the estimated burden of STIs are so high, stigmatization at the individual and community levels results in reluctance of the patient to seek early treatment. Patients prefer to seek treatment in the private sector provided either by qualified or traditional practitioners who are perceived to offer greater accessibility and confidentiality and to be less stigmatizing than public sector facilities. Stigma also leads to difficulty in partner notification and treatment [6]

Conclusion

The poor hygiene practices in the community needs to be abolished through awareness by male/female health workers and IEC campaigns. Although, the condom Distribution is High, males don't follow the regular use of it during infection. Thus there is a need of female condoms also as a backup measure to prevent STI /RTI and partner counselling should be carried out in the married couples of community by the counsellors. Also, the Adolescents are very vulnerable to such infections, awareness can be encouraged through formation of red-ribbon clubs in schools as well as colleges. To reduce the burden of RTI, efforts are needed in both health care facilities and in the community. Community education and outreach are needed to promote prevention of infection and use of health care services and thus further reduce disease transmission within the community.

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