

Perceptions and knowledge of sexually transmitted diseases among rural people in India: Some ground realities

Nanjunda

Faculty Member, UGC-CSSEIP Research Centre, Mysore University, Karnataka, India.

Abstract

Sexually Transmitted Diseases (STDs) have become a serious public health issue among the rural people in India because of a unique health culture and health seeking behavior. Most rural people are suffering from different types of STDs because of cultural fabrics, poverty, illiteracy, ignorance and poor access to effective treatment. The World Health Organization has also warned that India could be the next nation with the highest number of unreported STD cases, resulting in devastating consequences. This current study, conducted in a rural part of the Hassan district of Karnataka, South India, examined the perceptions and knowledge regarding STDs among rural people. A focus group study conducted among selected purposive samples of both infected (with STD) and non-infected rural people. This study has found that STDs were more prevalent among people in the age group of 25-28 years (50.6%) male respondents (62.6%), people with a low level of literacy (42.2%), professional truck drivers (38.6%), people in the lower income groups (64%), and unmarried people (56%). This study also found vaginites and herpes are the most common types of STDs found among the respondents. The majority of the respondents were not aware about the onset and symptoms of the STDs. People were too shy to seek treatment even from the local healers. Effective public health policies and health promotion programs should be developed regarding the holistic and inclusive health development for the rural people with special references to STDs.

Keywords: STDs, Knowledge, Perception, Health Behavior, Rural people, India.

Introduction

Sexually transmitted diseases (STDs) are a major global cause of acute illness, infertility, long-term disability and dying of millions of men, women and infants.¹ According to World Health organization, approximately 499 million new cases of curable STDs (syphilis, gonorrhoea, Chlamydia and Trichomoniasis) occur in 2008 throughout the world in adults aged 15-49 years.¹ This estimate is 11% higher than the estimate for 2005 (498.9 million vs. 448.3 million).¹ In the WHO South-East Asia Region, total incidence of selected curable STDs is 78.5 million: 7.2 million cases of *C. trachomatis*, 25.4 million cases of *N. gonorrhoeae*, 3.0 million cases of syphilis and 42.9 million cases of *T. vaginalis*.¹

STDs have become a serious public health issue in India.² There are some social factors which play a vital role in increasing the risk of STDs including socio-economic status, occupation marital status, sexual disharmony etc.³ According to the National Behavioural Surveillance Survey, Karnataka is the state of having the fourth highest incidents of STDs in India.² The current estimates national adult HIV prevalence in India is approximately 0.36%, amounting to between 2 and 3.1 million people.² If an average figure is taken, this comes to 2.5 million people living with HIV and AIDS, almost 50% of the previous estimate of 5.2 million.³ Several STDs prevalence studies^{4-6,7} among female sex workers in India have shown widely varying rates across different parts of

Practice Points

- STDs have become a serious public health issue among the rural people in India because of a unique health culture and health seeking behavior.
- STDs were more prevalent among following categories of rural people: people with age group of 25-28 years (50.6%); male respondents (62.6%); people with a low level of literacy (42.2%); professional truck drivers (38.6%); people in the lower income groups; (64%) and unmarried people (56%).
- It was also noted that vaginites and herpes are the most common types of STDs found among the rural people.
- The majority of the rural people were not aware about the onset and common symptoms of the STDs and they were too shy to seek treatment even from the local healers.
- There is an urgent need to implement cultural-sensitive and community-based sexual and reproductive health education programs focusing rural people, especially adolescents.

Correspondence: Dr. Nanjunda, Faculty Member, UGC-CSSEIP Research Centre, Mysore University, Karnataka, India. E-mail: ajdmeditor@yahoo.co.in.

the country including Gonorrhoea 0-19.1%, Chlamydia 0.9-22.6%, Syphilis 1.2-51% and Trichomoniasis 2-54.1%.^{8,9}

It has been observed in India that change in the epidemiological trends particularly speedy increasing rate of STDs occurrence being noted in the high risk groups, specifically different drug users and commercial sex workers.⁵ Several studies⁸⁻¹² found long distance truck drivers, middle class businessmen and construction workers are belongs to the high risk groups focusing rural region of the country. In India more than 70% of the populations reside in rural areas and increasing urban-rural migration is the major factor for the high prevalence of STDs in rural areas.¹² High risk groups being in rural areas may spread HIV to the other general population as cautioned by various studies.^{7,13,14}

Rural people are more vulnerable to the rapid spread of STDs. Urban and semi-urban area attracts more rural people, especially people who usually migrate searching for short-term and well-paid jobs. The DFID (Department for International Development, UK) report made clear that extensive travelling men may cause contact with multiple commercial sex workers¹⁵ and they spread STDs to their wives when they returned homes.¹⁶ Rural men, who are always mobile, may serve as a bridging population even for HIV not only between two genders, but also for two geographical locations.¹⁶

A number of studies^{9,14} have found that STDs are more commonly transmits from men to women in India. It is found that biologically women are more susceptible to STDs than men.¹⁷ One of the movements may be men have more decision-making power than women in relation to reproductive health in India.¹⁸

The important causes of increased incidence of STDs in rural areas include: unsafe sex, lack of awareness, illiteracy and strong social and ethnic factors, supernatural beliefs.⁵ Medical sociologists found that health care seeking behavior of the rural people also responsible for spreading STDs.¹⁶ Unprotected pre-marital and extra-marital relationship also causes more incidences of STDs/HIV in rural areas.¹⁹ Among the other key issues associated with STD are disagreeable sexual behavior, teenage pregnancy, sexual annoyance and growing rate of prostitution which may hamper the health of the society.²⁰

It is also found that various types of STDs are causing high rate of morbidity and mortality among rural women and that they frequently present lacking any clinical symptoms.²¹ Experts have cautioned that because of lack of adequate knowledge about curable STDs the prevailing rate of HIV may increase among the rural folk.²⁰

The current aim of this study is to examine the perceptions and knowledge about STDs and to measure the rate of prevalence of STD in rural parts of Hassan district of Karnataka, South India.

Materials and methods

The study was conducted in three selected villages of Hassan districts of south Karnataka state, India. The villages were selected based on the Reproductive and Child Health (RCH) Survey Report 2011.²² These villages have shown poor performance in the RCH Survey. This study has been conducted among 75 infected adolescents (25 adolescents from each village) and adolescents were selected using purposive sampling technique based on self-reporting and after verifying their medical records with the help of a local physician and assistance from the local health workers. A survey questionnaire was used to collect quantitative data and the same has analyzed using *Minitab* software.²³ For some socio-cultural reasons unmarried women and girls, pregnant and puerperal women were excluded from the study. The symptoms related to the various STDs were followed as recommended by the Government of India, Ministry of Health and Family Welfare guidelines.³ An interview schedule was also prepared using WHO interview schedules for diagnosis of STDs.¹ Adolescents were interviewed in a private place. Data have verified for completeness and consistence.

Results

Table 1 shows the detailed background information of the respondents. This study has found that STD is more prevalent among the age group of 25-28 years (50.6%). More than 29% of the age group of 18-19 and 20% of the age group 20-24 years were suffering from STDs. It was also found that male members were more prone to STDs (62.6%). Majority of STD cases found among illiterates (42.2%) followed by the high school educated group (25.3%). In case of occupation, 38.6% of professional truck drivers, 24% of migrant laborers, 12% skilled labors and 10.6% unemployed adolescents were found to suffer from different types of STDs. This study also revealed that the low income group (64%) is more prone to STDs followed by the middle income group (30.6%). In case of marital status, unmarried and widow/widower are at more risk of being infected by STDs (56% and 26.6% respectively).

The common prevalence of various cases of STDs among the respondents included gonorrhoea (12%) syphilis (9%), herpes (15%), and vaginitis (18%). HIV infection was found to be less common among the studied groups (1%) (Table 2). It is found that 29% of the respondents felt swelling genitals whereas 19% of them felt pain in the genital area, while 11% of them reported smelly discharges whereas 12% felt losing interest in sex were some of the vital symptoms of STDs (Table 3).

While asked about the main reasons of contracting STDs, the respondents mentioned the following: effects of sprits/breaching taboo (28%), sex with strange people (14%), eating/doing religions prohibited foods/deeds (10%), unprotected sex (11%) and sex with an infected person (9%) (Table 3). For the treatment of STD problems, 29% of the respondents received treatment from the local traditional healers, 21% used home/self-

Table 1: Background characteristics of the study population

Variables	Respondents (%)
<i>Age (yrs)*</i>	
18-19	22 (29.3%)
20-24	15 (20%)
25-28	38 (50.6%)
<i>Gender*</i>	
Male	47 (62.6%)
Female	28 (37.3%)
<i>Educational level*</i>	
Primary education	18 (24.%)
High school	19 (25.3%)
College	4 (5.3%)
Illiterates	32 (42.2%)
Professional education	2 (2.6%)
<i>Occupational Status*</i>	
Migrant labors	18 (24%)
Drivers	29 (38.6%)
Skilled labor	9(12%)
Unemployed	8 (10.6%)
Business	7 (9.3%)
Garments	4 (5.3%)
<i>Income level (in Rs.)*</i>	
3000-5000	48 (64%)
5000-10000	23 (30.6%)
Above 10000	4 (5.3%)
<i>Marital Status*</i>	
Married	8 (10.6%)
Unmarried	42 (56%)
Widow/widower	20 (26.6%)
Others	5 (6.7%)
<i>Employment status*</i>	
Currently working	33 (44%)
Not working	42 (56%)

*Values are significant $p<0.05$.

Table 2: Prevalence rate of STDs

STDs	Respondents (%)
Gonorrhoea	12 (16%)
Syphilis	9 (12%)
Herpes	15 (19%)
Vaginitis	18 (24%)
HIV	1 (1.3%)
No such cases	20 (26.7%)

remedy, 26% got treatment from the faith healers and only 12% were treated by the modern medicine.

Regarding source of information about STD, 23% of the respondents received information from the local health workers, while 17% from the friends/relatives and 9% obtained information through various media. While asked about the non-treatment of STDs, the respondents mentioned the following reasons: shyness to seek treatment (40%), cost (20%), and time constraints (8%). Regarding preventive measure (after being diagnosed

Table 3: Perceptions and knowledge of respondents

Variables	Respondents (%)
<i>Perceived symptoms of STDs*</i>	
Swelling in genitals	29 (38.7%)
Pain in genital area	19 (25.3%)
Smelly discharges	11 (14.6%)
Not interested in Sex	12 (16.0%)
Other symptoms	4 (5.3%)
<i>Perceived Reasons for STDs*</i>	
Effects if sprits/ breach of taboo	28 (37.3%)
Sex with unknown people	14 (18.6%)
Religion prohibited foods/deeds	10 (13.3%)
Sex with an infected person	9 (12%)
Unprotected sex	11(14.6%)
Others	3 (4%)
<i>Sources of Treatment*</i>	
Traditional healer	22 (29.3%)
Home/ self remedy	21 (28%)
Faith healer	20 (26.6%)
Western medicine	12 (16%)
<i>Source of Information about STDs*</i>	
Local health workers	23 (30.6%)
Friends/ Relatives	17 (22.6%)
Media	9 (12.1%)
Others	14 (18.6%)
<i>Reasons for not taking treatment*</i>	
No time	8 (10.6%)
Low priority/cost factor	20 (26.2%)
Fear/shy	30 (40%)
No idea	8 (10.2%)
Under-treatment	9 (12%)
<i>Preventive Measure*</i>	
Nothing	18(24.0%)
Using Condoms	21(28.0%)
Never sex with infected person	30(40%)
Early treatment	6(8.0%)

*Values are significant $p<0.05$.

with STDs), 18% of the respondents didn't take any preventive measures, 21% used condoms, and 30% avoid sex with infected persons.

Discussion

This study has found that STD is more prevalent among the age group of 25-28 years (50.6%), male (vs. females) (62.6%), illiterates (42.2%), professional truck drivers (38.6%), low income group (64%) and unmarried people (56%). It is generally reckoned that even though young people aged 18-23 years represent only 27% of having pre-material sexually experienced, they acquire more or less nearly half of all new STDs in various parts of the globe.¹⁶ It has been found that majority rural men visit cities in searching well-paid jobs and they were in contact with the commercial sex workers in the cities. In this way, men were infected with STDs and in turn infections were transmitted to their wives. Some studies have found that young people having multiple sexual partners, having unprotected sex,

or involved in other high-risk sexual behaviors which are potential risk factors for acquiring various types of STDs.⁸ It is found that in majority cases rural community will not consider STDs is a serious health problem.¹⁵ They will get treatment only if STDs continues for a long time and severely hampering their daily life. Due to non-availability of lady physicians, rural women some time reluctant to visit local primary health care centres.¹⁹ Further it is found that poor access to healthcare, lack of awareness, the asymptomatic nature of certain STDs have also immensely contributed to increased prevalence of STDs among rural female adolescent.¹⁶ We also found that adolescents often discussed among the peer groups about STDs/HIV and the usage of contraceptives. Among the female adolescents, irregular menstrual cycle and urinary tract infection was the common topic of discussion with their friends.¹⁷

Moreover, it is found that majority primary health care centers in rural part do not have any preventive programs because of lack of human and financial resources.⁵ We found that STDs had implications on social and economical aspects of the patients and his/her family.¹⁶ Infected people usually seek treatment from local/faith healers cannot diagnose STDs and reluctant to visit health centers for social and financial reasons.^{9,17} Once they are diagnosed with STDs, this may hamper patients' personal image in the village and sometime friends and relative will avoid him/her or may have to face a kind of social isolation.⁴

The patients also reported that once they identified with STD they cannot attend any social functions in the village. Even today rural people in India are more interested to seek low-cost traditional treatment for STDs.¹³ The continuation of traditional health culture, unique health seeking behavior, poor health infrastructure, socio-cultural and religious barriers, and domination of local healers are some of the main barriers which prevent the STD patients in getting proper and timely treatment.^{8,12}

The health culture and changing the reproductive behavior of the rural people in the studied village have been largely influenced due to contact with various external agencies including media and NGOs. Due to rapid economic growth, migration and expansion of cities, rural people are gradually prone to various STD diseases. Our study also found that rural people are less aware about the incidence of STDs and implications/consequences of the diseases in their life. STDs has become a lifestyle-related disorder in rural areas.¹⁵ One of the worrying fact is that majority of the patients would not disclose their problems to anyone until it gets worse. The majority of them are not even considering STD is a very serious health issue and they are holding the perception of natural healing. It is probably due to the lower socio-economic conditions which may impact on their health seeking behavior. Moreover, the majority of the rural people have strong faith on the local healers for curing STDs.¹⁴

Conclusion

This study has found adolescents are more prone to various STD and majority of them are illiterates. It is also revealed that the majority of the infected respondents belong to the low-income group and most of them are unmarried adolescents. Moreover the long distance truck drivers are more prone to the STDs because of their nature of profession. This study found vaginitis and herpes are the most common types of STD found among the respondents. Responds opined swelling in the genitals and pain are the most common symptoms of STD. Despite the availability of modern medical facilities, the incidence rate of STDs is increasing in rural areas, which may be due to socio-cultural and economic reasons.

There is an urgent need to implement cultural-sensitive and community-based sexual and reproductive health education programs focusing rural people, especially adolescents. Involvement of the village leaders and traditional healers is also essential for successful implementation of the programs. The traditional healers and local health workers should be properly trained in diagnosing and treatment of STDs.

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