

A STUDY OF SEXUALLY TRANSMITTED DISEASES IN FEMALES DURING THE YEARS 1983 TO 1985

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SUMMARY

A study of sexually transmitted disease registered in V.D. clinic of Government General Hospital, Guntur during the years 1983 to 1985 was undertaken. A total of 1661 cases of S.T.D. in females were analysed. The incidence of trichomaniasis was found to be high and the next common disease was chancroid. Their socio-economic status, literacy, age and marital status were analysed.

Relevant diagnostic tests were carried out in all and all the cases were treated with suitable drugs.

Introduction

The prevalence of STD in any community is an index of moral outlook and practice, socio-economic status, presence of efficient machinery, for early diagnosis, availability of treatment facilities and mass awareness of preventive measures. The World Health Organisation places STD as third amongst diseases in India, next only to malaria and pulmonary tuberculosis.

Material and Methods

There were a total of 13,392 cases who attended the STD clinic of Government General Hospital, Guntur during the years 1983 to 1985.

Observation

Out of these 13,392 cases, 11,732 were Males and 1,661 were Females with M : F ratio of 6 to 7 : 1.

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Age Incidence of STD in the Females

41% was found in the age group of 16-20 years. 31% in 21-25 years group. This shows the incidence is high in the sexually active age group. The incidence is also found to be high (13%) in the younger age i.e., below 15 years.

TABLE I
Marital Status of the Female Patients

	No. of persons	Percentage
Unmarried	817	49.24
Married	680	40.89
Widowed	164	9.87
Total	1,661	100

Marital Status

The incidence is found to be higher in unmarried females (50%) than in married (40%). Of the married women, 268 (40%) had children and 412 (60%) did not have children. Sexual promiscuity is probably

the cause for its higher incidence in young and unmarried girls.

Socio-economic Status

70% are from low socio-economic group, 20% from middle, and 10% were from high income group.

Educational Status

85% of the patients are illiterates. 10% had schooling and 5% had college education. This shows the illiteracy and unawareness of STD is probably responsible for a high incidence.

TABLE II
Showing Pattern of S.T.D. in Female

Disease	No. of cases	Percentage
Syphilis	325	19.5
Gonorrhoea	111	6.66
Chancroid	348	20.95
L.G.V.	60	3.61
G.I.	117	7.15
Trichomonas	513	30.88
Others	187	11.25
Total	1,661	100.00

Table II shows a higher incidence of Trichomoniasis (30.88%) followed by

chancroids 21% and syphilis 19.5%. Others 11% and Gonorrhoea 6.6%.

Syphilis contributed 19.5% of all STDs and of this, primary and secondary were 4.1%, 4% and latent syphilis was in 11.3%.

TABLE III
Shows the Mixed Infection

Gonorrhoea with syphilis	16
Gonorrhoea with chancroid	10
Chancroid with syphilis	9
LGV with syphilis	4
Trichomonas with others	30
Total	69 (4%)

The following treatment is being followed at STD clinic, Government General Hospital, Guntur.

Discussion

In the present series of 1,661 cases of Sexually Transmitted diseases studied in the female during the years 1983-1985 showing a sex ratio of 1:6 to 7 (Female/Male). Majority of the patients were in the age group of 16 to 25 years (72%). It is also high in younger teens with an incidence of 13%. Trichomonas infection was common in the age group of 16-25 years with an incidence of 32.1% follow-

TABLE IV
Treatment Followed at S.T.D. Clinic

S. T. D.	Treatment
Primary syphilis and secondary syphilis	Single dose of 2.4 mega units of Benzathine pencillin
Latent syphilis	4.8 mega units of Benzathine pencillin in two divided doses
Gonorrhoea	12-24 Lakh procaine pencillin in single dose
Chancroid	Cotrimoxazole 2 Bd for 7-10 days.
LGV	Cotrimoxazole 2 Bd for 10-15 days
G.I.	Inj. Streptomycin 1 gm/day for 20 days
Trichomonas	Metronidazole 200 mg 3 times a day for 1 week to 10 days

ed by Chancroids 20.95%, Syphilis 20% and Granuloma Inguinale 7.58%.

It was further observed that out of total 1,661 cases, 69 cases had mixed infection with an incidence of 4%. The commonest association was that of Trichomonas and others followed by Gonorrhoea with syphilis.

Conclusions

Trichomonas vaginalis is said to be present in 10% to 20% of women in reproductive years of life and the infection may be asymptomatic. As leucorrhoea is common among Indian women and due to unhygienic habits, Trichomonas vaginitis is found to be of higher incidence and diagnosed more frequently. Our incidence is 31%.

Women afflicted with chancroids, gonorrhoea and non-gonococcal infection are mostly asymptomatic. Similarly cer-

vical erosions due to herpes genitalis are not diagnosed as such due to lack of laboratory facilities. The lower prevalence of cases of condyloma accuminata among women is unexplainable.

No rank, social class or profession provides immunity from venereal diseases. Venereal diseases are an indication of social sickness. Venereal infection may be an overt evidence of infidelity and as such, ground for divorce.

To check the V.D., attention should be focussed on adolescent teenagers in whom a promiscuous phase is quite common. Adequate sex education for this group is essential.

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