# SOCIO-DEMOGRAPHIC PROFILE OF SEXUALLY TRANSMITTED DISEASES IN FEMALES

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SUMMARY

**Social and medical data on 500 patients attending gynaecological O.P.D. were recorded over one year. Analysis of the data provided a demographic and social profile of female attenders and indicated considerable variations in patterns of diagnosis between different social categories of patients. The probability of different infections varied according to age, parity, domicile, social class and contraception. The overall prevalence of H. vaginalis was higher than others. Relevant diagnostic tests were carried out in all.**

## *INTRODUCTION*

The prevalence of sexually transmitted diseases (STDs) increased in last fifteen years and its social importance is also increased as it is an index of moral outlook, socio-economic status and industrialisation of a society. Early diagnosis and mass prevention is essential as it not only affects the individual, but their progeny too. The WHO placed STDs as third amongst diseases in India next to malaria and tuberculosis. The study was carried out to analyse the relationship of patient characteristic to STDs.

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## *MATERIAL AND METHODS*

In 1989, 500 patients (250-Gynaecological and 250-antenatal) attending the out patients Department of Obstet. and Gynec. M. L. N. Medical College, Allahabad were interviewed and were also given questionnaires to complete. The following is based on the result of the interviews questionnaires and investigations.

## *OBSERVATION*

Prevalence of STDs and age incidence in female :

Out of 500, STD positive cases in nonpregnant and pregnant group were 138 and 129, giving a prevalence of 55.2% and 51.6% respectively. The majority of positive cases belonged to the

age group of 20-29 years of both non-pregnant and pregnant groups (68.85% and 74.42%).

**Domicile**

The percentage distribution of STD positive cases from urban areas in both the nonpregnant and pregnant group (74.64% and 65.12%) was always higher than in the rural areas.

**Parity**

Higher prevalence of STD positive cases noted in multiparity because of more sexual exposure (Table I).

**Social Class**

STD positive cases were definitely higher in upper lower and lower middle class in both non-pregnant and pregnant group (Table II).

**Trimester**

STD positive cases were higher in third trimester of pregnancy (55.81%).

**Contraception**

STD positive cases were lowest (9.76%) in condom users but higher in rest of the group who used other methods of contraception (Table III).

Prevalence of different STD positive in our study were Trichomoniasis (11.8%); Candidiasis (16.0%); Syphilis (2.8%); chlamydia (1.4%); H. Vaginalis (18.2%) and others (3.2%). No cases of gonorrhoea and AIDS were encountered (Table IV).

No cases of gonorrhera or AIDS were encountered.

*DISCUSSION*

In the present study the prevalence rate of STD positive cases in nonpregnant group was 55.2% and during pregnancy it was 51.6%. Silver-stone et al (1974) observed a lower prevalence rate of STD positive cases (18.64%).

**Table I**

**Distribution of STD positive cases according to parity**

| Parity | STD Positive cases (%) |
|---|---|
| $P_1$ | 17 (12.32) |
| $P_2$ | 29 (21.02) |
| $P_3$ | 31 (22.46) |
| $P_4$ | 61 (44.20) |

**Table II**

**Distribution of STD positive cases according to different social class**

| Social Class | Non-pregnant STD + ve cases (%) | Pregnant STD + ve cases (%) |
|---|---|---|
| Upper | 4 (2.90) | 12 (9.30) |
| Upper Middle | 16 (11.59) | 16 (12.40) |
| Lower Middle | 41 (29.71) | 39 (30.23) |
| Upper Lower | 55 (39.86) | 45 (34.89) |
| Lower | 22 (15.94) | 17 (13.18) |

**Table III**

**Contraception and its relation with STD in nonpregnant group**

| STD positive | Non contraception | Cu-T | Ligation | Oral Pill | Condom |
|---|---|---|---|---|---|
| 138 | 72 (61.53%) | 42 (71.18%) | 7 (63.64%) | 13 (59.09%) | 4 (9.76%) |

**Table IV**

**Distribution of STD positive cases according to Pathology**

| Pathology | Non-pregnant No. & % of Cases | Pregnant No. & % of Cases | Total | Prevalence % |
|---|---|---|---|---|
| Trichomonas | 36 (26.08) | 23 (17.83) | 59 | 11.8 |
| Candida | 32 (23.19) | 48 (3720) | 80 | 16.0 |
| Syphilis | 6 (4.35) | 8 (6.20) | 14 | 2.8 |
| Chlamydia | 4 (2.89) | 3 (2.33) | 7 | 1.4 |
| H. Vaginalis | 51 (36.96) | 40 (31.01) | 91 | 18.2 |
| Others | 9 (6.53) | 7 (5.43) | 16 | 3.2 |

Thin and Michael (1970) and Mabey et al (1984) reported STDS were more prevalent in antenatal groups and found a prevalence rate of 79% and 87.5% respectively. These discrepencies of prevalence is mainly due to difference in case selection criteria, diagnostic methods and population studied. The maximum number of positive cases in our study was in the age group 20-24 years. All the cases were married. The highest number of positive cases (55.8%) were found in the third trimester of pregnancy and the majority of the cases hailed from urban areas. This finding was inconsistent with the finding of Jeya Singh (1985) and WHO (1986). In nonpregnant group 83% belonged to lower socioeconomic group (Table II). Kamala Jayaram (1985) observed lower value (70%) in the same group. Holmes et al (1984) observed that the abandonment of condom, spermicides and diaphragm in favour of hormonal contraception and intrauterine device has deprived women of potentially effective method of preventing STDS.

In nonpregnant group H. vaginalis infection was common in the age group of 20-29 years with the prevalence of 20.4% followed by trichomoniasis (14.4%). In pregnant group candida infection was more prevalent (19.2%) than other infections.

The fairly high incidence of STD encountered in our study suggests importance of routine screening of patients for STD in order to minimise the incidence of morbidity and loss of fertility in women.

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