



STD **(Sexually Transmitted Disease)**

Introduction

Sexually transmitted Diseases in short STDs are infections/diseases that can be transferred from one person to another through sexual contact. Some of the Sexually Transmitted Infections are also transmitted through birth, intravenous needles or breast feeding. The World Health Organization estimates that more than one million new cases of curable, sexually-transmitted infections (STIs) occur worldwide every day.

The Government of India, Ministry of Health & family Welfare, has initiated concerted efforts towards prevention of transmission of HIV infection through various strategies which are being coordinated by the National AIDS Control Organisation. There is a need to allay the psychological tension and anxiety among the public due to fear of the disease as well as to dispel various myths regarding the disease among people. Efforts to tackle this problem, through counselling and health education of the community, should form a part of the routine responsibilities of health personnel in all settings and all levels of care. Misconceptions and fear and anxiety regarding infectivity of the patients among health care workers are also not uncommon. Preparing the health care providers to face the situation through appropriate training is one major effort being taken by National AIDS Control Organisation (NACO).

Historical background

Till 1981 nobody knew about this disease which has now become the second most common cause of death amongst young adults in the USA. The disease started firstly among the young homosexual in the West Coast of America. Soon the myth was removed it was detected not only in the homosexuals but also was detected amongst the female commercial sex workers of New York who were taking addiction drugs through unsterilized needles. Soon it was also discovered in the hemophiliacs and thalassaemic children who were taking repeated blood transfusions.

The disease which started in North-America and Europe (the developed world) is travelling off. The disease is now spreading in the Asian Continent especially in South Asia. Well over several million Asians are already infected. HIV is clearly beginning to spread in earnest through the vast population of India and China.

Since the detection of HIV infection in commercial sex workers (CSWs) in Tamil Nadu, India in 1986 infected number is growing very fast in the country. It is reported till September, 1999, 88775 seropositive have been reported and seropositive rate has gone upto 25.12 per thousand. The report is from 32 states

and union territories in the country. AIDS cases from these have gone upto 8491. More than 80% of all infections acquired, 90% of the cases were below the age of 50 years, and more than 2/3rd was between the ages of 20 to 40.

HIV and AIDS

First of all, let us discuss about what are HIV and AIDS?

HIV stands for Human Immunodeficiency Virus, a retrovirus transmitted from an infected person through unprotected sexual intercourse, by exchange of body fluids such as blood, or from an infected mother to her infant. AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is the stage of HIV infection that develops some years after a person has been infected with HIV. Since HIV is a STD and is transmitted through the same behavior that transmits other STIs, whenever there is a risk of STI, there is a risk of HIV infection as well (because almost 85% of HIV is known to be transmitted by this sexual route).

Now, let us see what is the difference between HIV and AIDs?

Some common possible differences may come up into the following three categories:

- A person can be HIV-infected for years with no signs of illness and can continue a normal life, of course, always practicing prevention because he/she can infect another person.
- A person with AIDS must deal with illness that is often severe and eventually terminal.
- Early detection and treatment of opportunistic infections will have a positive impact on the progression of the disease.

STIs/RTIs

The term "Sexually Transmitted Infections" (STIs) which is used in place of STDs are infections caused by germs such as bacteria, viruses or protozoa that are passed from one person to another through sexual contact. Whereas, the term "RTIs" stands for "Reproductive Tract Infections". It refers to any infection of the reproductive tract in male and female.

Now, let us see the main factors contributing to the spread of STI/RTI

- Human behaviour
- Lack of access to health care
- Lack of awareness about STIs/RTIs
- Migrant population
- Health care providers not adequately trained
- Poor medical services
- Hygiene and environmental factors
- Hormonal factors
- Socio-economic and other factors

Following are the common High-Risk and vulnerable groups of STI/RTI

- Adolescent boys and girls
- Women who have multiple partners
- Sex workers and their clients
- IDUs
- Men and women who have to stay away from families for long
- Men having sex with men, including transgender individuals
- Partners of various high-risk groups
- Street children

Objectives of RTI/STI case management services

Provision of quality RTI/STI case management services through a network of public health care delivery institution, private sector providers, franchisee clinics and in TI settings will result in achieving following objectives:

- Enhance access to services, especially for women and adolescents who are constrained to seek services and face several access related barriers.
- Standardized treatment protocols will improve prescription practices by reducing poly pharmacy, irrational drug combination
- Focus on prevention, with special reference to partner management, condom use, follow-ups and management of side effects
- Emphasis on treatment compliance and better treatment outcomes
- Behaviour change communication leading to improved knowledge on causation, transmission and prevention of RTIs/STIs
- Ensure that providers offer counselling and testing services for HIV/AIDS and establish linkages with ART systems with respect to positives
- Screen asymptomatic especially contraceptives, ANC clients for STIs
- Ensure service provision for groups practicing high risk behaviours such as sex workers, MSMs and IDUs

Preventing STIs/RTIs in adolescents and youth

Adolescents and youth in the 10-24 age groups constitute about 30% of our population. Data from various Indian studies indicate that adolescents indulge in pre-marital sex more frequently and at an early age. STIs, including HIV, are more common among adolescents in the 15-25 age group, and more so among young women. Further, adolescent girls and boys are particularly vulnerable to STIs since they are less likely to have access to health services and recognize symptoms. Health services for adolescent boys are also extremely limited.

"Lack of education about sexual health among both boys and girls leaves them ill-equipped to make important choices to protect themselves against unwanted sex, pregnancy, and STIs. The AIDS epidemic gives a new urgency to STI prevention and is also an opportunity to protect new generations from the devastating effects of AIDS by making information and services available."

Modes of transmission

Following are the modes of transmission

- Sexual contact with an infected partner (man to woman, woman to man and man to man).
- Transfusion with infected blood, blood products, organ, tissues transplantation and artificial insemination.
- Contaminated syringes and needles.
- From an infected mother to her child i.e. perinatal transmission (before, during and after delivery).

Counselling in HIV infection

Counseling is face to face communication by which one can help the person make decisions and on them. It aims at preventing transmission of HIV infection and providing psychological support to the already affected.

Counselling is a helping process aimed at problem-solving; it helps people to understand themselves better in terms of their own needs, strength limitations,

and the resources they can avail of. It brings about change through a supportive relationship, aiming to make the client independent through the interpersonal contact along with opportunity to ask questions and to meet frequently and help greatly.

Interpersonal communication:

Interpersonal communication is the face-to-face process of giving and receiving information between two or more people. This involves both verbal and non-verbal communication.

- Verbal communication: The way we talk with clients, the words we use, and their meanings.
- Non-verbal communication: the way we behave with clients, including actions, behaviours, gestures and facial expressions.

Guidelines for counselling

- Greet the client
- Make him/her comfortable
- Listen carefully to his/her problems
- Do not interrupt while he/she is talking
- Try to elicit more information regarding his/her problem
- Counsel over a number of sessions and be empathetic towards the client
- Provide information on the issue for which the client has come
- Help him/her to reach a decision
- Time to time reassurance and follow up regarding health condition
- Provide relevant information

National AIDS control programme

The National AIDS Control Programme was launched in India 1987. In 1992, it was set up with a Project Director in the rank of Additional Secretary to Government of India and supporting technical and administrative staff. A National AIDS Control Board was set up under the chairmanship of Secretary (health) to review policies, expedite sanctions and approve purchase of equipment and award contracts to private agencies. A National AIDS Committee was constituted under the chairmanship of Minister of Health & Family welfare for effective intersectoral coordination in implementing the programme. State AIDS Cells were established in the 25 States and 7 Union territories with technical and administrative powers for implementing the scheme.

The objectives of the National AIDS Control Programme were:

- To slow the spread of HIV
- To decrease morbidity and mortality associated with HIV infection
- To minimize socio- economic impact resulting from HIV infection

HIV transmission and sports participation

In most countries there is an official policy of non-disclosure of HIV status. Sports participants are not under any obligation to reveal their HIV status, although they are discouraged from participating in sports such as wrestling and boxing. The result of this policy of non-disclosure is that all injuries on the sports field are treated as if the injured person could be HIV-positive. All injured sportsmen and women who have bleeding wounds are sent off the field until they have been treated and the bleeding has stopped.

HIV is not transmitted through casual contact such as touching, rubbing, sharing sports equipment or utensils, or using the same locker room or bathroom facilities. The virus has never been identified in sweat and has been found only

rarely and in minute concentrations in saliva. Transmission does not occur through mosquitoes or other insects, through swimming pool water, or through the air.

In 1989, the World Health Organisation (WHO) released the following statement;

"No evidence exists for a risk of transmission of HIV when infected persons engaging in sports have no bleeding wounds or other skin lesions. There is no documented instance of HIV infection acquired through participation in sports. However, there is a possible very low risk of HIV transmission when one athlete who is infected has a bleeding wound or a skin lesion and another athlete has a skin lesion or exposed mucous membrane that could possibly serve as a portal of entry for the virus".

Sports and HIV

Sports can be divided into two types:

- Non-contact sports
- Contact Sports

Non-contact sports

Non-contact sport includes many different kinds of exercise where there is no direct physical contact between participants during the normal course of the sport. These would include sports such as tennis, aerobic exercise, golf, cycling, running, canoeing, netball, hockey, cricket, softball and volleyball. Transmission of HIV infection in the normal course of these sports is extremely remote.

Contact sports

These can be divided into low contact and high contact sports. A sport like boxing and wrestling would be classified as a high contact sport and soccer, hockey as a low contact sport. In the case of the latter, direct contact is not supposed to take place, but frequently does. Rugby, karate and judo etc. are some other types of contract sports.

The Australian National Council on Aids (ANCA) and the Australian Sports Medicine Federation (ASMF) recommended the following principles to help further reduction of transmission of HIV in the sports field.

- If a player has a skin lesion, it must immediately be reported to a responsible official and medical attention sought.
- If a skin lesion is observed, it must be immediately cleansed with a suitable antiseptic and securely covered; and
- If a bleeding wound occurs, the individual's participation must be interrupted until the bleeding has been stopped and the wound is both rinsed with plenty of water and, if dirty, washed with soap then covered with a waterproof dressing.

Conclusion

Sexually transmitted diseases or sexually transmitted infections and reproductive tract infections are important public health problems in India. Studies suggest the 6% of the adult population in India is infected with one or more STIs/RTIs. The prevalence of these infections is considerably higher among high risk groups ranging from 20 – 30 %. Moreover, STIs/RTIs are also known to cause infertility and reproductive morbidity. Controlling STIs/RTIs can be an effective intervention to reserve the HIV epidemic progress.