

Knowledge about sexually transmitted diseases among primary health care providers


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Objective: The objective of this study was to assess the knowledge about sexually transmitted diseases among various health care providers who attended the in-service training. **Material & Methods:** The study is of cross sectional design. The participants included in the study were the various level health care providers, viz. Medical Officers, Health Supervisors (Male & Female) and Multipurpose Health Workers (Male & Female). **Results:** Six hundred and sixty six health care providers had participated in the study. 74.7% of the respondents mentioned AIDS as Sexually transmitted Disease, 49.5% syphilis and 45% gonorrhoea. The most important symptoms mentioned were genital ulcer (39.3%), vaginal/urethral discharge (44.3%), fever (19.5%) and loss of weight (16.9%). **Conclusion:** In general, this study shows low level of awareness regarding Sexually Transmitted Diseases. Health care providers play important role in dissemination of knowledge, hence their awareness regarding Sexually Transmitted Diseases should be of optimal level.

Keywords: Knowledge, HIV, Sexually transmitted diseases, Health Providers

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Introduction

Sexually transmitted diseases (STDs) can have serious consequences beyond the immediate impact of the infection. Sexually transmitted diseases produce considerable waste-age of manpower besides unfolding misery both directly and indirectly through complications they produce. Globally 333 million suffer from STDs per year. In India, this comes to 30 million.

Thus STDs occupy second position among communicable diseases in India [1]. STDs have nexus with HIV transmission. Some STDs can increase the risk of Human Immunodeficiency Virus (HIV) infection three – or more fold. Acquired Immunodeficiency Syndrome (AIDS) is a leading cause of adult deaths in the world. Case fatality is 100%. HIV/AIDS has emerged as pandemic.

Adolescent health and health of young people should focus on access to information on HIV/AIDS, modes of transmission and do away some of the wrong beliefs and misconceptions [2,3]. Health care providers are expected to provide care and accurate information on this subject matter to the patients and their relatives, as well as to the general public.

It is clearly important that they have credible and accurate knowledge of the disease. This is important for optimal health care delivery because several studies have shown that knowledge and beliefs of health care providers about HIV and AIDS are frequently inaccurate, their attitudes often negative. High level of awareness is needed among health care providers to provide health education to the general population.

For this, flow charts and algorithm for each syndrome have been developed by World Health Organization (WHO) and National AIDS Control Organization (NACO) in India. These can be used easily to make rapid decision by different health workers, supervisors and doctors [4,5].

In India, the main strategy aimed at achieving effective management for people with established infections has been to integrate STD services into the existing health care system, with a special emphasis on integration at the primary health care level. Syndromic management is recommended by the NACO for case management at this level [6].

Awareness and positive attitudinal change of health care providers will also eliminate that fear and prejudice when they are dealing with AIDS.

With the above in view, need to undertake this study was felt to identify areas related to STDs and HIV prevention amongst health care providers working in primary health care level who are very close to the community by requiring conceptual clarification. The objective of this study was to assess the knowledge about STDs including HIV/AIDS among health care providers.

Materials and Methods

Present Cross sectional study was conducted among health care providers who attended various training courses at the Health & Family Welfare Training Centre, Amritsar from January 2002 to July 2004. Sample includes Medical Officers, Health Supervisors (Male and Female) and Multipurpose Health Workers (Male and Female). Sampling was convenience type. These health care providers were representative of roughly about half districts (8 out of 17 districts) of Punjab State. Health care providers were informed of the purpose of the study.

A pretested questionnaire developed in local language was used to collect data. Questionnaire comprised of questions relating to awareness regarding STDs, including HIV/AIDS. It included knowledge about STDs, types of STDs, causation and symptoms, health facilities for treatment of STDs, complications of STDs in the society, association of STDs and HIV. A questionnaire was distributed as a surprise test during inauguration of the training course. The data collected was tabulated and analyzed by using percentage and chi-square test.

Results

Sample was composed of 666 participants. Data was collected from Medical officers, Health Supervisor (Male and Female) and Multipurpose Health Workers (Male and Female). 74.7 % of the respondents mentioned AIDS as sexually transmitted diseases, 49.5% syphilis and 45.0% gonorrhoea [Table 1]. The most important symptoms mentioned were vaginal and urethral discharge 44.3%, genital ulcer 39.3%, fever 19.5 % and loss of weight 16.9% [Table2]. 40.7% of the health care provider cited the causes of Sexually Transmitted Diseases in the society as multiple sexual partners, ignorance/lack of education in 20.8 %, illiteracy by 15.8 etc, while nearly 15% respondents did not mention any cause of Sexually Transmitted Diseases in the society [Table3].

Regarding the health facility for sexually transmitted diseases, about one third of the participants mentioned that Primary Health / Community Health centre as health facility for sexually transmitted disease treatment.

About 1/4th did not mention about the health facility for STDs treatment [Table 4]. 84.4% of the total participants opined that there is an association of

Sexually transmitted Diseases and HIV infection. [Table 5]. 92.1% of the participants had the view that treatment of the spouse is also important [Table 6].

73.1 % of the total respondents opined that STDs leads to infertility as a complication also 72.8% of the respondents mentioned repeated abortion as other complication [Table 7].

Breakdown of the 666 health care providers who participated in the study

	M.O's	Health Assistants (M)	Health Assistant (F)	Multipurpose Health Workers (M)	Multipurpose Health Workers(F)	Total
NO.	161	135	60	110	200	666
%	24.2	20.3	9.0	16.5	30.0	100

Table No 1: Distribution of Respondents according to Knowledge regarding various STDs

Diseases	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No. 666	%
AIDS	142	88.2	97	71.8	42	70.0	85	77.3	132	66.0	498	74.7
Syphilis	147	91.3	45	33.4	30	50.0	31	28.2	77	38.5	330	49.5
Gonorrhoea	128	80.1	42	31.2	25	41.7	31	28.2	73	36.5	300	45.0
Chancroid	45	27.9	-	-	-	-	-	-	-	-	45	6.7
LGV	44	27.3	-	-	-	-	-	-	01	0.5	45	6.7
Hepatitis B	22	13.6	01	0.7	01	1.7	02	1.8	01	0.5	27	4.0
Herpes Genitalis	23	14.3	-	-	02	3.4	-	-	02	1.0	27	4.0
others	49	30.4	12	8.9	11	18.4	26	23.6	34	17.0	132	19.8
Unanswered	-	-	24	17.8	10	16.7	15	13.6	42	21.0	91	13.7

*Leucorrhoea etc.

Table No. 2: Distribution of Respondents according to Knowledge regarding Symptoms of STDs

Symptoms	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No.	%
Genital Ulcer	136	84.9	42	31.2	13	21.6	52	47.3	19	9.5	262	39.3
Vaginal /Urethral discharge	123	76.4	31	22.95	27	45.0	47	42.7	67	33.5	295	44.3
Lymphadenopathy	48	29.8	20	14.8	09	15.0	04	3.6	15	7.5	96	14.4
Itching	32	19.8	40	29.6	15	25.0	30	27.3	33	16.5	150	22.5
Lower abdominal Pain	21	13.0	01	0.7	11	18.4	05	4.5	34	17.0	72	10.8
Burning Micturation	19	9.8	04	2.9	01	1.7	07	6.4	04	2.0	35	5.2
Fever	38	23.8	15	11.2	20	33.4	19	17.3	38	19.0	130	19.5
Loss of weight	18	11.2	19	14.1	18	30.0	18	16.4	40	20.0	113	16.9
Diarrhea	33	20.5	07	5.2	-	-	04	3.6	11	5.5	55	8.2
*Others	05	3.1	22	16.3	26	43.4	23	20.9	53	26.5	129	19.4

*cough, weakness, loss of appetite, backache, irregular bleeding, infertility etc.

Table No. 3: Distribution of Respondents according to the Main Cause of STDs in the Society

Main Cause	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No. (666)	%
Multiple Sexual Partner	68	42.3	59	43.7	31	51.6	38	34.5	75	37.5	271	40.7
Ignorance/lack of education	53	32.9	10	7.4	08	13.4	28	25.5	40	20.0	139	20.8
Illiteracy	24	14.9	24	17.7	10	10.0	24	21.8	23	11.5	105	15.8
Unsterilized needles & syringes	12	7.5	09	6.6	02	3.4	01	0.9	23	6.0	036	5.5
Unscreened Blood transfusion	03	1.8	03	2.3	02	3.4	03	2.7	-	00.0	011	1.6

Others	00	00.0	05	3.7	00	0.0	0.00	6.4	01	0.5	006	0.9
Unanswered	01	0.6	25	18.6	07	11.6	16	14.6	49	24.5	098	14.7

Table No. 4: Distribution of Respondents according to knowledge regarding association of STDs and HIV

Association	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No. (666)	
Yes	149	92.5	103	76.3	53	88.4	84	76.4	173	86.5	562	84.4
No	012	7.5	32	23.7	07	11.6	26	23.6	27	13.5	104	15.6

= 33.176 p <0.01

Table No.5: Distribution of Respondents according to Knowledge of the health facility for STDs Treatment

Health Facility	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No. (666)	%
Sub Centre	04	2.5	02	1.5	05	8.3	06	5.5	10	5.0	27	4.1
PHC/ CHC	57	35.4	30	22.3	28	46.6	52	47.3	68	34.0	235	35.2
SDH/ CH	14	8.7	49	36.4	19	31.7	18	16.4	47	23.9	147	22.1
Any other	36	22.4	26	19.4	03	5.0	03	2.6	18	9.0	86	12.9
No Answered	50	31.0	28	20.4	05	8.4	31	28.2	57	28.5	171	25.6

Table No. 6: Distribution of Respondents according to Knowledge regarding treatment of spouse for STDs

Treatment	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No. 666	%
Yes	155	96.3	119	88.2	56	93.4	91	82.7	192	96.0	613	92.1
No	06	03.1	016	11.8	04	6.6	19	17.3	008	04.0	53	7.9

$\chi^2 = 36.869$ p <0.01

Table No. 7: Distribution of Respondents according to the Knowledge of the complications of STDs

Complications	MO's		HAs(M)		HAs(F)		MHWs(M)		MHW(F)		Total	
	No. (161)	%	No. (135)	%	No. (60)	%	No. (110)	%	No. (200)	%	No. 666	%
Infertility	149	92.5	82	60.8	49	81.6	77	70.0	130	73.1	487	73.1
No	012	7.5	53	39.2	11	18.4	33	30.0	70	26.9	179	26.9
$\chi^2 = 48.410$ p <0.001												
Repeated Abortion												
Yes	156	96.3	119	88.2	56	93.4	91	82.7	192	96.0	485	72.8
No	006	3.7	16	11.8	04	6.6	19	17.3	008	4.0	181	27.2

$\chi^2 = 12.511$ p >0.05

Discussion

Health care providers are called upon to provide care and accurate information about sexually transmitted diseases to the patients and their relatives as well as to the general population for prevention and control. But in this study health care provider demonstrated low level of knowledge except medical officers. To prevent and control STDs, the knowledge of the front-line workers working in the field with the general population must be up to the mark but as found in this study,

Knowledge of the health care providers especially the front line workers is less than expected. According to this study, health care providers had inadequate knowledge regarding the various aspects of Sexually transmitted diseases. Similarly the study conducted in Kathmandu, Nepal, also shows that knowledge and practice regarding STI/HIV has not been found sufficient among health workers [7,8]. According to the Table no.1, 49.5% and 45.0% of the respondents were aware of syphilis and gonorrhoea while in a study conducted in Vietnam 83% of respondents revealed Syphilis and

Gonorrhoea as STIs [9]. However, knowledge regarding the common symptoms of STD urethral/vaginal discharge was found to be higher than that of the study conducted on KAP of general practitioners in Karachi, Pakistan, and among private general practitioners in Windhoek, Namibia, where the knowledge for urethral discharge was 55.3% and 56.5%, respectively [10, 11]. This might be because these studies only focused on knowledge of general practitioners

While our study included health care providers working in the public health facilities. When asked about the treatment of spouse, 92.1% of respondents gave a positive response while a study conducted in Vietnam 70% of respondents believed partner treatment is necessary for bacterial vaginosis or candidiasis cases [9]. Knowledge about treatment from health care facilities for STDs is the most pivotal point and crucial for the further referring. But in our study one – fourth of the health care respondents did not know about the health care facilities. Low level of knowledge is mainly attributed to the poor training of the health care provider. Hence extensive awareness campaign and training to the health care provider must be conducted to improve their knowledge.

Conclusion

This study concluded that even medical officers did not have that level of knowledge about Sexually Transmitted. Similar finding was revealed among other health care providers also. It is recommended that Health staff members should be empowered through various in-service training courses, so that they can disseminate the correct and authenticated information to general population which is a social vaccine for prevention of the HIV/AIDS which is a serious new generation Sexually transmitted disease.

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