

## STDs. AMONGST SLUM DWELLERS OF LUCKNOW "A KAP STUDY"

D.S. Martolia\*, V.K. Srivastava\*\*\*\*, U. Mohan\*\*\*\*

S.C. Gupta\*\*\*\*, J.P. Srivastava\*\*\*\*, S.C. Saxena\*\*\*\*, V.K. Srivastava\*\*\*, Seema Nigam\*\*

Lecturer \*, Asst. Professor\*\*, Associate Professor\*\*\*, Professor\*\*\*\*

Department of Community Medicine, G.S.V.M. Medical College, Kanpur

\*K.G. Medical University, Lucknow

### Abstract :

#### Objective :

- i. To know knowledge, attitude and practices regarding STDs amongst slum dwellers.
- ii To find out problems in implementation of STD control programme and to suggest solutions.

**Study Design :** Cross sectional

**Period of Study :** September 1997 - August 1998

**Study universe :** 1500 males and females in the age group 15 to 49 yrs.

**Study variable :** Age, sex, education, marital status, occupation, social class.

**Statistical test :**  $X^2$  and Z test

#### Introduction:

The process of social change has led to shifting of population from rural areas to urban areas. The migrants are young and live in foreign surroundings in search of job with no bonds of social control and contribute in mushrooming of slums in urban areas. They, therefore form high risk group for certain medico social diseases and health related events.

The sexually transmitted diseases (STDs) are common in both developed and developing countries with grave health consequences on the individual and the community. STDs are associated with same risk behaviour that put a person at risk for HIV infection and ultimately AIDS.

Considering slum dwellers a high-risk group for STDs / HIV / AIDS, a KAP study was designed to have a understanding about Knowledge, Attitude and Practices regarding the disease either through informal or formal knowledge with following objectives.

1. To know knowledge attitude and practices regarding STDs amongst slum dwellers.
2. To find out problems in implementation of STD control programme and to suggest solutions.

#### Material & Method :

The slums to be studied were selected from slum list of Municipal Corporation of Lucknow. There were 225 slums in Lucknow having population of 3,16,756 during study period, which constituted 18.3% of total city population. The sample size was calculated by taking prevalence 10% as average and sampling error of 2. The sample size came about 865 (Vagan and Morrow, 1989). For sake of convenience 1500 males and females were considered adequate to provide equal opportunity to both males and females. Interviewing was main tool of data collection and help of and medical social worker was taken for female respondents. The privacy was



maintained during interviewing respondents and a oral consent was achieved before.

### Observation :

Regarding general profile of population, the majority were in the age group of 24 to 29 yrs (28.4%). Maximum amongst the female respondents were housewives (41.2%).. Most of the study

population was educated upto junior highschool (27%). Hindus ranked higher in numbers (73.4%) than muslims (36.3%). More than half of the respondents were married (72.0%) and belonged to social class IV (35.2) followed by others. Observations regarding knowledge, attitude and practices are described as follows.

**TABLE - 1**  
**PERCEPTION ABOUT TYPES OF STDs**

Types of STDs	Males = 750		Females = 750		Total = 1500	
	No.	%	No.	%	No.	%
Dhat	699	93.2	580	77.3	1279	85.3
AIDS	688	91.7	540	72.0	1228	81.9
Guptrog	502	66.9	350	46.7	822	54.8
Sujak	324	43.2	200	26.7	524	34.9
Garmi	1 575	76.7	525	70.0	1100	17.3

Out of total respondents (%) considered Dhat followed (85.3%) by Aids (81.9%), Guptrog (54.8%), Sujak (34.9%) and Garmi (17.3%) as a type

of STDs and Dhat was also known to majority of males (93.2%) and females (77.3%).

**TABLE - 2**  
**PERCEPTION ABOUT MANIFESTATIONS OF STDs**

Manifestations of STDs	Males = 750		Females = 750		Total 1500	
	No.	%	No.	%	No.	%
Pus / discharge from genital organs	600	80.0	550	73.3	1150	76.7
Swelling in genital organs	350	46.7	500	66.7	850	56.7
Ulceration in genital organs	400	53.3	300	40.0	700	46.7
Lower abdominal pain	200	26.7	150	20.0	350	23.3
No Knowledge	104	13.9	190	25.3	294	19.6

Out of total respondents the majority (76.7%) of males and females considered pus / discharge from genital organs followed by swelling in genital organs (56.7%), ulceration in genital organs (46.7%) and

lower abdominal pain (23.3%) as a manifestations of STDs. While 13.9% males and 25.3% females had no knowledge about manifestation of STDs.

**TABLE - 3**  
**PERCEPTION ABOUT PREVENTION FROM STDs**

Method of Prevention	Males = 750		Females = 750		Total = 500	
	No.	%	No.	%	No.	%
Self control	580	89.8	500	89.3	1080	85.7
Single sex partner	502	77.7	480	85.7	982	77.9
Condom	625	96.7	300	53.6	925	73.4
No knowledge	104	13.9	190	25.3	294	19.6

Out of total respondents majority (85.7%) and had perception that 'self control, followed by single sex partner (77.9%) and condom (73.4%) as

a method or prevention. While (96.7%) of the males had perception that condom is methods of prevention from STDs.

**TABLE - 4**  
**PERCEPTION ABOUT SOURCE OF KNOWLEDGE ABOUT STDs**

Source of knowledge about STDs	Males = 750		Females = 750		Total = 1500	
	No.	%	No.	%	No.	%
Friends	610	94.4	550	98.2	1160	96.2
Books	524	81.1	300	53.6	824	68.4
Posters	450	69.6	250	44.6	750	62.3
Doctors	300	46.4	175	31.3	475	39.5
Health workers	100	15.5	150	26.8	250	20.8
No knowledge	104	13.9	190	25.3	294	19.6

The majority of respondents who had knowledge (96.2%) identified 'friend' followed by Books (68.4%), Posters (62.3%), Doctors (39.5%) and Healthworkers (20.8%) as a source of knowledge

about STDs Among males (64.4%) and females (98.2%) the friend was also identified by majority. The percentage of males (9.4%) was comparatively less than females (98.2%).

**TABLE - 5**  
**PERCEPTION OF CHOICE (FIRST) OF PRIVATE PRACTITIONERS FOR TREATMENT AS PER THEIR SPECIALITY**

Private practitioners	Males = 750		Females = 750		Total = 1500	
	No.	%	No.	%	No.	%
Quacks	111	28.7	139	34.3	250	31.6
Unani	89	23.1	86	21.2	175	22.1
Ayurvedic	85	22.0	89	22.0	174	22.0
Homeopathic	67	17.4	70	17.3	137	17.3
Allopathic	34	8.8	21	5.2	55	7.0
<b>Total</b>	<b>386</b>	<b>100.0</b>	<b>405</b>	<b>100.0</b>	<b>791</b>	<b>100.0</b>



The majority respondents preferred quack / unqualified practitioners (31.6%) followed by Unani (22.1%), Ayurvedic (22.0%), Homeopathic (17.3%) and Allopathic Males and Females the same pattern was observed, Quacks (28.7% and 34.3%) being preferred by majority and Allopathic (8.8%) and

5.2%) by least. While the preference of females to quacks was found higher than in males. No significant association was found between types of private practitioners and preference to them in male and female respondents ( $X^2 = 1.9$ , d.f. = 4,  $p > 0.50$ ).

**TABLE - 6**  
**TYPE OF SEXUAL CONTACT OF CASES OF STDs**

Source of infection	Males = 750		Females = 750		Total = 1500	
	No.	%	No.	%	No.	%
Husband / wife	47	38.2	64	66.0	111	50.4
Extramartial	25	20.3	33	34.1	58	26.4
Prostitutes	51	41.5	0	0.0	51	23.2
Homosexuals	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>123</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>220</b>	<b>100.0</b>

Out of suspected disease majority (50.5%) and majority of female suspected cases (66.0%) accepted Husband / wife, while majority of male cases (41.5%)

accepted prostitutes as a source of infection. A statistically significant association was observed between types of sexual contact and prevalence of STDs ( $X^2 = 62.10$ , d.f. = 2,  $p < 0.05$ ).

**TABLE - 7**  
**DELAY IN SEEKING TREATMENT**

Delay	Males = 750		Females = 750		Total = 1500	
	No.	%	No.	%	No.	%
1-3 months	43	39.0	16	20.8	59	31.6
<1 month	29	26.4	20	26.0	49	26.2
4-6 month	28	25.5	17	22.1	45	24.0
>6 month	0	9.1	24	31.2	34	18.1
<b>Total</b>	<b>110</b>	<b>100.0</b>	<b>77</b>	<b>100.0</b>	<b>187</b>	<b>100.0</b>

Out of total cases majority (31.6%) took 1-3 months followed by <1 month (26.2%), 4-6 month (24.0%) and least >6 months (18.2%). Among males

majority (39.0%) took 1-3 followed by <1 month (26.4%), 4-6 months (25.5%) and least >6 months (9.1%). Among females majority (31.2%) took

>6 month followed by <1 month (26.0%), 4-6 months (22.1%) and least 1-3 months (20.8%). A statistically

significant difference was observed between delay of 1-3 months and >6 months and male and female cases ( $Z = 2.6$ ,  $P < 0.05$ , ( $Z = 3.7$ ,  $p < 0.05$ ).

**TABLE - 8**  
**TYPE OF PRIVATE PRACTITIONERS CONTACTED BY EDUCATION**

Private practitioners	Education					
	Illiterate		Upto H.S.		Total	
	No.	%	No.	%	No.	%
Quacks / UnQ.	19	35.2	27	34.6	46	34.8
Unani	16	29.6	13	16.7	29	22.0
Ayurvedic	11	20.4	12	15.3	23	17.4
Allopathic	0	0.0	19	24.4	19	14.4
Homeopathic	8	14.8	7	9.0	15	11.4
<b>Total</b>	<b>54</b>	<b>100.0</b>	<b>78</b>	<b>100.0</b>	<b>132</b>	<b>100.0</b>

Out of total cases who went to private practitioners the majority went to quacks / unqualified (34.82%), followed by Unani (22.0%), Ayurvedic (17.4%), Allopathic (14.4%) and least to homeopathic (11.4%). Among illiterates majority went to quacks (35.2%) followed by Unani (29.6%), Ayurvedic (20.4%) Homeopathic (14.8%) and least to Allopathic among educated upto High school

majority went to quacks (34.6%) followed by Allopathic (24.4%) Unani (16.7%), Ayurvedic (15.4%) and least (9.0%). A statistically insignificant difference was found between type of private practitioners consultate and level of education among cases (for Quacks  $Z = 1.72$ ,  $p \geq 0.05$ ) (for Homeopathy  $Z = 1.01$ ,  $p \geq 0.05$ ).

**TABLE - 9**  
**OUTCOME OF TREATMENT BY TYPE OF PRIVATE PRACTITIONERS**

Private practitioners	Outcome of Tr.							
	Complete recovery		Incomplete recovery		No recovery		Total recovery	
	No.	%	No.	%	No.	%	No.	%
Quacks	7	18.0	30	40.5	9	47.4	46	24.8
Unani	8	20.5	18	24.3	3	15.8	29	22.0
Ayurvedic	6	15.4	12	16.2	5	26.3	23	17.4
Allopathic	16	41.0	3	4.1	0	0.0	19	14.4
Homeopathic	2	5.1	11	14.9	2	10.5	15	11.4
<b>Total</b>	<b>39</b>	<b>100.0</b>	<b>74</b>	<b>100.0</b>	<b>19</b>	<b>100.0</b>	<b>132</b>	<b>100.0</b>



Out of total cases who went to private practitioners and had complete recovery took treatment in majority from Allopathic practitioners (41.0%) followed by Unani (20.5%), Quacks (18.0%), Ayurvedic (15.4%) and least Homeopathic (5.1%). The cases who had incomplete recovery majority took treatment from quacks (40.5%) followed by Unani (24.3%), Ayurvedic (16.2%), Homeopathic (14.9%) and least Allopathic (4.1%). Among the cases who had no recovery the majority consulted Quacks (47.4%) followed by Ayurvedic (26.3%) Unani (15.8%), Homeopathic (110.5%) and almost nil to Allopathic. A statistically significant difference was observed between type of private practitioner contacted for treatment by cases and outcome of the treatment  $X^2 = 36.1$  d.f. 8  $p < 0.05$  (Table -9).

### Discussion :

Out of total respondents the majority (73.3%) had heard of STDs (73.30) somewhere. The majority named it Dhat (86.3%) and least Garmi (17.3%). 76.7% considered pus discharge from genitals followed by swelling and ulceration as manifestations. Self control as considered as a mean to prevent spread (86.7%) followed by condom (73.4%). The liking for private practitioners was higher (65.6%) than govt. doctors (34.4%). Most of the females preferred private practitioner specially quacks (31.6%) were named first than others. Mittal (1995)<sup>1</sup> reported 34.3% women heard about STDs and only 5.6% could name Sujak as a STDs and 4.2% Gupt Rog. About all the respondent admitted 'friend' as a source of information about STDs followed by books (68.4%) Mittal (1995) reported most women know about STDs from their friends which favoured the study. The uncleanness of private parts was recognized by majority (85.8%) followed by germs (19.6) as a cause. Sidhu et al (1969)<sup>3</sup> had found hot

spicy food, alcohol and intercourse during menstruation as the common reason for such injection. Prasad et al (1962)<sup>4</sup> also reported intercourse during menstruation, urinating over hard stone as the main reason. Istiaq (1997)<sup>2</sup> reported urinating around religious places (29.7%), using others garments (24.3%) as a cause. Mittal (1995)<sup>1</sup> also favoured the findings of the study. The type of sexual contact was reported husband and wife (50.4%) followed by extramarital contact (26.4%) and prostitutes (23.2%). None of respondents named homosexuality as a sexual contact. Bhorga et al (1975)<sup>5</sup> found that prostitutes were the partner in most of cases and this was in conformity to the observation of this study but Bijkerk (1970)<sup>6</sup> Rangaswami et al (1969)<sup>7</sup>, Chatterjee et al (1964)<sup>8</sup>, Wilcox (1962)<sup>9</sup> and Prasad et al (1962)<sup>4</sup> had observed in their studies that the prostitutes constituted the main source of infection. Istiaq (1997)<sup>2</sup> also reported preference for private practitioner in his study. Majority of cases preferred quacks (34.8%) followed by Unani, Ayurvedic, vedic, Allopathic and least Homeopathic. Kapoor (1964)<sup>10</sup> and Istiaq (1997)<sup>2</sup> quoted majority of cases in their study took treatment from quacks. The maximum delay of >6 months time in females can be attributed to the extra workload on them and their shy nature which caused this delay. Among those who had no recovery the majority took treatment from quacks and almost nil from Allopathic. The highest outcome as complete recovery was found in those who consulted Allopathic practitioners and lower in those who consulted others explains higher cure rate of Allopathic drugs for treatment of STDs.

### Conclusion and Recommendations :

1. The recreational facilities should be made within the buying power of slum dwellers which may keep them busy and in process of learning new things.



2. The IEC activities regarding prevention and control of STDs should be done by making peer educators and using folkmedias.
3. Females should be encouraged for education and their health problems should be given priority.
4. The help of N.G.Os should be taken for education and integrated approach should be adopted.
5. Legalization of prostitution may be considered as done by Maharashtra government so that they may be periodically examined for STDs and treated.
6. National STD control programme need to be strengthened and STDs clinics should be established in the vicinity or near by slums where most of the sufferers can come for the preventive and curative help at the cost which they can afford. The social aspect of the disease should be worked out in detail.

#### References :

1. Mittal M., Garg S Sehgal K and Bansal R.D. (1915) A study of KABP regarding STDs and HIV / AIDS amongst women of an urban slum health issues in Delhi P.P. 81 - 88.
2. Istiaq M (1977) : A study of seroepidemiology of syphilis among rikshaw pullers of lucknow 32, 66 - 83.
3. Siddhu CMS, Mahajan RC and Srivastava BC (1969): A sociomedical study of VD cases in two industrial cities. *The Antiseptic* 66 : 33.
4. Prasad BG, Zaheer M and Nayr B (1962) : A study of social factors in venereal diseases. *Ind. Med. Gaz.* 65, 63.
5. Bhargawa NC, Singh OP and Lal M (1975) Analytical study of one thousand cases of venereal diseases. *Ind. Jour. of Derm. And Ven.* 41, 2,70.
6. Bijkerk H (1970) Incidence of venereal diseases in Netherlands, *Br. Jr. of Derm.* 46 : 3, 247.
7. Rangaswami R., Venkatraman R and Velou A : (1964) Marital status and Venereal diseases, *ANot. Ind. Jour. of Derm. And Ven.* 35.3.
8. Chatterjee AN, Prasad BG and Jain PC (1964) : A study of serological epidemiology of syphilis in armed forces personnel and their family members stationed at lucknow. *Armed Forces Med. Jour.* 20, 1,3-11.
9. Wilcox RR (1962) : Prostitution and venereal disease. *British Journal of Ven. Dis.* 37, 38.
10. Kapoor O.P. and Prasad B.G. (1964) : A survey on the prevalence of syphilis. *Ind. J. Derm. And Ven.* 30, 19.

\* \* \*