

# Increasing incidences of STIs in Pakistani youth; Role of Family Physicians in prevention, treatment and control of STIs

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## Background

**Sexually transmitted infections (STIs) constitute a major cause of acute illness, infertility, long-term disability and death, with severe medical and psychological consequences for millions of men, women and infants. In Pakistan, the STIs control programme focuses on infections such as syphilis, chancroid, gonorrhoea, chlamydial infection, trichomoniasis, and their associated syndromes. Viral infections like herpes simplex viruses (HSV) and human papilloma viruses (HPV) are also included in these programmes as these are usually transmitted sexually.**

## Introduction

This article describes STIs in Pakistan. STIs are some of the most common causes of illness worldwide. STIs accounted for 87% of all cases, reported among the top 10 most frequently reported diseases in 1995. STIs are more common in developing countries than industrial countries. In many developing countries, STIs rank among the top five diseases.[1] Incidence of STIs is rising despite improved methods of diagnosis and treatment. [2] There are 333 million new cases of STIs (excluding human immunodeficiency virus (HIV) and AIDS) per year globally. In 1995 in South East Asia alone an estimated 150 million new cases occurred [3].

## Epidemiology and Current Situation in Pakistan

It is usually said that the incidence of STIs in Pakistan is very low among the general population. The author does not agree with this statement. In fact, there is no exact data available about STIs in Pakistan as these are not notified to any authority. There is no STIs reporting system in Pakistan and therefore information about STIs prevalence is limited.[4] Gonorrhoea and syphilis are more common STIs in Pakistan [5], but gonorrhoea is the most pressing and emerging infection in the youth and very young boys of our communities.

## STIs and IUDs

Pakistan is facing a growing problem of drug abuse for the last few decades posing significant social and health risks. In a health survey on drug abuse in 1993, there were three million drug users in the country, with an estimated growth rate of 6.4% per year. [6] In 2004 nearly five million IDUs were there in Pakistan. [7]

According to the recent studies there is an increasing shift from oral route and inhalation to injectable drugs use among addicts, which is quite alarming.[8] Studies in countries like, Russia, Ukraine and India have shown that the increasing scales of injectable drug use puts a large group of individuals at risk of blood born infections through high risk behaviors such as sharing of syringes, shooting drugs in groups, low use of condoms and indulging in commercial sex. [9] The population of drug abusers has been associated with epidemics of STIs specially HIV. Sexually transmitted infections were associated with use of contaminated equipment for injecting drugs and unsafe sex. There is a body of evidence supporting the close association between drug use and STIs. [10]

## Sex contacts

These can be divided into two categories. Commercial Sex Contacts (CCs) and Non-Commercial Sex Contacts. In Pakistan, CCs includes men, women, gays, lesbians, young boys and hijars. They indulge in all types of sexual activities like oral, vaginal sex and anal sex.

Hijars are the most common CCs for youth. They pose real threats to youth because they are cheap and easily accessible. They roam about on the streets and roads of local communities in groups and seduce young boys. It has been observed many of them suffer from anal gonorrhoea and syphilis.

Both male, female and hijars work on a daily basis. They usually go for this work twice daily with different partners and up to five or six on weekends. The most dangerous thing about them is that they hide their STIs and usually avoid taking treatment unless they are quite ill. Mostly their clients include truck drivers, taxi drivers and young students.

## HIV and STIs

The outcome of STIs is further aggravated by their potential to facilitate the spread of HIV infection. The presence of HIV/AIDS also increases the risk of acquiring other STIs. It is therefore very important to bring about the functional integration of services for STIs and HIV/AIDS for achieving better outcomes. The best intervention for controlling either STIs or HIV remains condoms. STI management centers can also serve as portals for condom delivery and for sexual risk counseling.

## Transmission of STIs

STIs are transmitted mainly due to unprotected sexual contacts, vaginal, anal or oral sex. Among the types of sexual contact, anal sex is particularly important. Due to the trauma involved in an anal sex act, there is more inflammation and this leads to more acquisition of STIs particularly HIV. In this regard promotion of condom use is the most effective prevention strategy followed by reduction in partners.

## High Risk behaviour

Sexual and drug use risk behaviors of truck drivers / taxi drivers and their commercial sex contacts (CCs) have been associated with the spread of sexually transmitted infections (STIs) in the developing world. A large proportion of the truck drivers in Pakistan are young and are involved in unsafe sex with their commercial sex contacts. Their CCs include women, men, hijars and even very young boys. The women and men are mostly not trained in safe sex education.

## Why STIs are increasing in Pakistan

- 1) Lack of opportunities of healthy sports and excursions for youth.
- 2) Increasing frustration in youth due to easy access to pornographic material on internet
- 3) Increasing influx of hijars from other areas in local communities

- 4) Increasing number of easily accessible new Female Sex Workers (FSW) and Male Sex Workers (MSW)
- 5) Increase in the number of Injection Drug Users (IUDs)

## Care seeking for STI symptoms in Pakistan

Care seeking for STIs in Pakistan is similar to much of other care seeking in Pakistan. Most high risk group members seek care from the private sector - mainly general practitioners and non medical personnel. Public sector STI facilities tend to provide services to mainly clients of sex workers and others who acquire STIs from non commercial sex.

Adan Khan and associates conducted a survey to identify care seeking behavior of STIs patients [11]. The author has worked out a graph based on their study. Please see chart next page.

## Management of STIs

The National Guidelines for the Management of Sexually Transmitted Infections [12] suggest syndromic management techniques because these are cost effective and more efficacious. The six major symptom syndromes: Urethral Discharge, Genital Ulcer, Scrotal Swelling, Vaginal Discharge, Lower abdominal pain and Anal symptoms.

## The 4 C's Management Strategy

The 4Cs strategy is promising to improve treatment results and prevention. These include Compliance, Counseling, Condoms and Contact (Partner) Management. The best prevention strategy is to avoid or reduce extramarital sexual contacts, partner reduction and use of condoms. Risk behavior reduction, community based counseling and condom promotion are vital components of these prevention programmes. Family physicians provide the best place for all these tools.

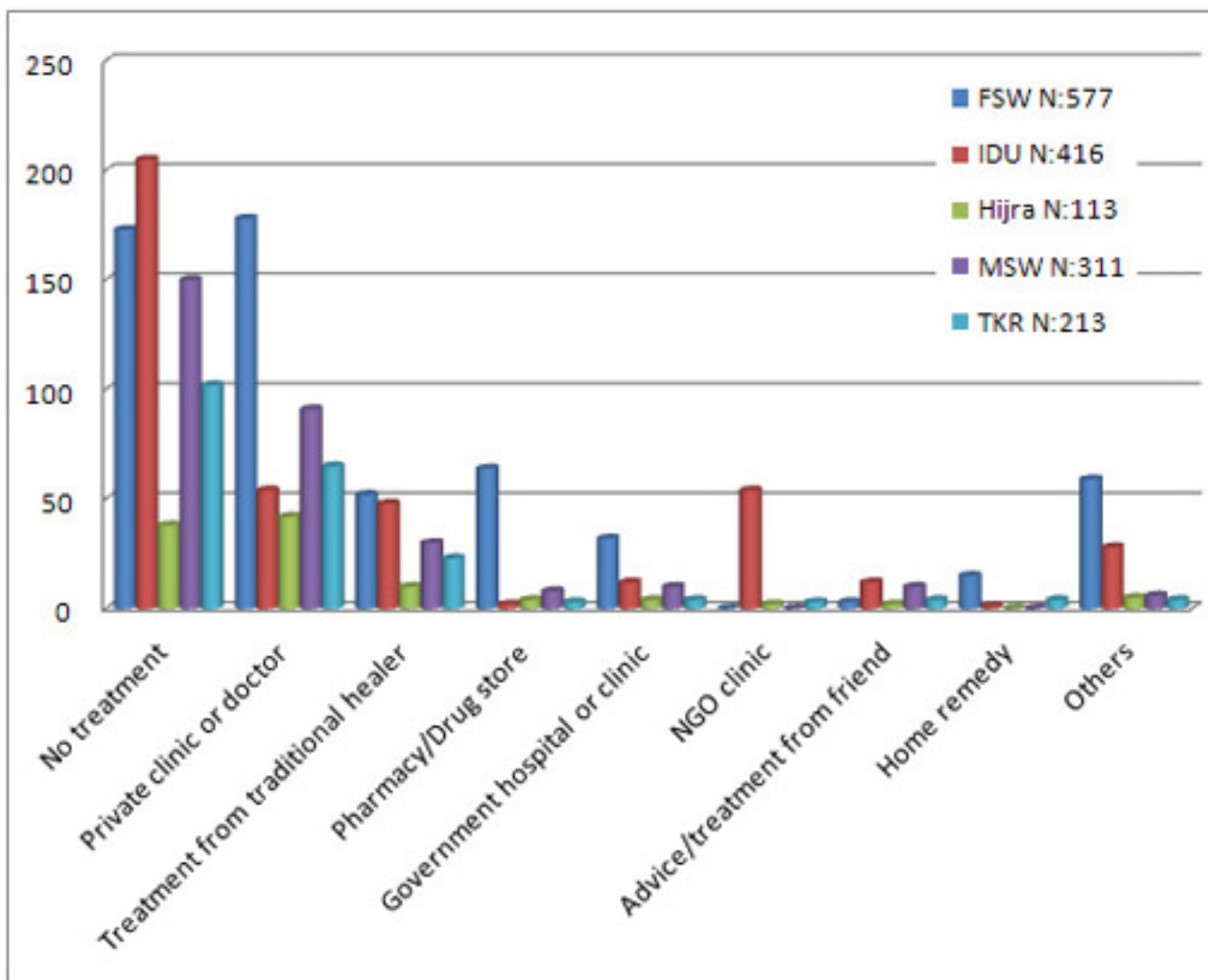
There must be record keeping of patients suffering from STIs. Partner notification can reduce the spread of infections. Treatment should follow the national guidelines and difficult to treat patients should be referred to proper secondary and tertiary management centers. The management programmes must have linkages with reproductive health programmes.

## Drug Resistance in STIs treatment

The drug resistance is emerging very rapidly. Most of the recommended drugs show resistance even in large doses. Recurrence of infections is common. Patients are being treated with a combination of drugs. This problem can only be addressed if patients observe full compliance to medications.

## False Positive Screening tests

The commonly used VDRL screening test gives many false positive tests. This has intense social implications. All recruiting agencies for overseas employment do it for all applicants. The false positive VDRL is ruining lives of especially female applicants as everyone hastily labels them corrupt.



### Conclusion

There is a rapid rise in STIs in Pakistan. The rise in IUDs also poses a continued threat to youth. The sufferers prefer family physicians for advice and treatment because they are easily accessible in their own local communities. There is intense need to train family physicians in the prevention, control and treatment of STIs. There should be counseling facilities at all family clinics. There is an urgent need for record keeping of patients suffering from STIs and partner notification. The best way to avoid STIs is restriction to one partner, use of condoms and reduction in number of IUDs.

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