



TO STUDY THE PREVALENCE, TREND, KNOWLEDGE ATTITUDE AND PRACTICE ABOUT STD IN PATIENT LIVING WITH HIV

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ABSTRACT**BACKGROUND:** To study the prevalence, trend, knowledge attitude and practice related to STD in patients living with HIV**METHODS:** To collect previous two years (September 2017- September 2019) hospital records of all patients diagnosed clinically as sexually transmitted disease and already a known case of HIV and to study the prevalence, trend, knowledge attitude and practice in these patients.**RESULTS:** Total 3284 STD cases reported in the past two years. Among which 70 (2.13%) patients was found to be HIV positive by serology referred by ART centre. Total 53 (75.71%) patients were males and 17 (24.28%) were females with male: female ratio is ~ 3:1. Age group most commonly affected was 20-40 years (82.85%). The most common STD reported in HIV patients was syphilis followed by genital warts. H/O MSM found in three (4.28%) patients. H/O sex with Commercial sex worker given by 24 (34.28%) patients and 30 (42.85%) patients give H/O having multiple sexual partners. 27 (38.57%) patients already know about the barrier protection and was using precautions. Most common mode of transmission in both homosexual and heterosexual is sexual intercourse (95.71%), only 3 (4.2%) patients give H/O needle prick. 20 (28.57%) patients give H/O alcohol intake and 3 (4.2%) patients give H/O IV drug abuse. 48 (68.57%) patients belong to lower socioeconomic status among which 12 people were engaged in commercial sex activity for money. Level of education of 42 (60%) patients were below 12th standard. 3 patients were below 18 all were females with H/O sexual exposure. All patients were counselled about barrier protection, modes of transmission of STD.**CONCLUSION:** STD is one of the most neglected part of dermatology. Even after ongoing national AIDS control programme and WHO campaigns, HIV incidence are increasing and most of the population is unaware about the modes of transmission, its prevention and usage of barrier methods of contraception leads to increase prevalence of new STD in these population.**KEYWORDS :** STD, HIV, WHO, AIDS**INTRODUCTION**

Young adulthood is an age at which decisions are taken on whims and unless provided with appropriate knowledge, their chances of engaging in risky sexual behaviour become high. With the rapid economic development, socio cultural changes, and globalization, adolescents and youths are becoming more and more sexually active leading to sexuality associated problems such as unplanned adolescent pregnancy, out of wedlock childbearing, sexually transmitted disease.¹

The potential negative emotional consequences of premarital sexual behaviours are considered unhealthy for teenagers. Studies on adolescent as per WHO report 2003, sexual behaviour in different parts of the world show that young people's premarital sexual encounters are unplanned, infrequent and sporadic.² As a result, they are less likely to be able to protect themselves from infection, or seek appropriate diagnosis and treatment. A variety of medical and social factors put adolescents at particular risk for RTIs. HIV infection/AIDS are a global pandemic, with cases reported from virtually every country. At the end of 2007, 33.2 million individuals were living with HIV infection according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). More than 95% of people living with HIV/AIDS reside in low and middle-income countries. According to the United Nations, there are about 4 million HIV infected people in India, and India is considered a high-risk country.³ Adolescent constitute for approximately 1/5 of population with more than 4/5 population in developing countries.⁴ In India this age group form 21.4% of total population.⁵ Despite the high prevalence of HIV/AIDS, it has been reported that many adolescents do not know the modes of transmission of this disease.

METHODS

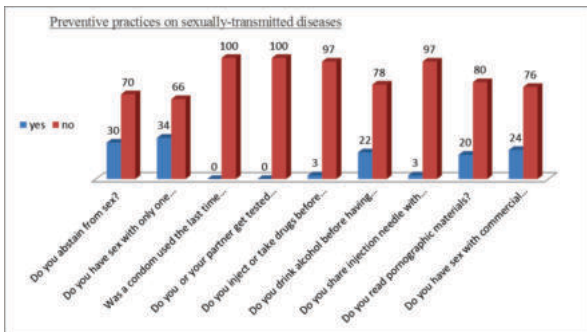
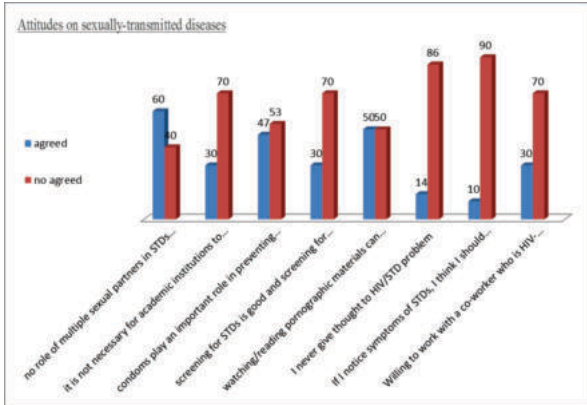
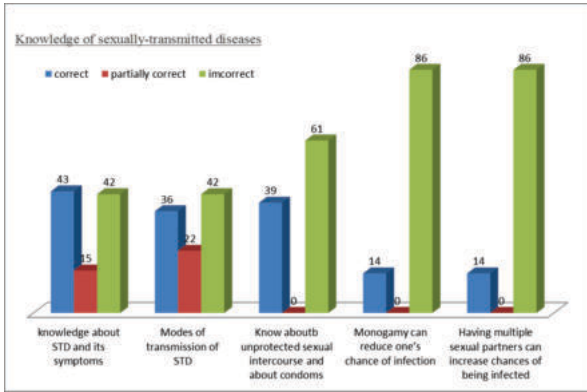
To collect previous two years (September 2017- September 2019)

hospital records of all patients diagnosed clinically as sexually transmitted disease and already a known case of HIV and to study the prevalence, trend, knowledge attitude and practice in these patients.

RESULT**Table 1. General characteristic of patients**

HIV positive patients	70 (2.13%)
Male : Female (n=70)	53 : 17
Mean age	30.92 ± 9.36 Yrs
Syphilis	29 (41.43%)
H/O sex with commercial sex workers	24 (34.28%)
Patients consumed barrier methods	70 (100.00%)

Total 3284 STD cases reported in the past two years. Among which 70 (2.13%) patients was found to be HIV positive by serology referred by ART centre. Total 53 (75.71%) patients were males and 17 (24.28%) were females with male: female ratio is ~ 3:1. Age group most commonly affected was 20-40 years (82.85%). The most common STD reported in HIV patients was syphilis followed by genital warts. H/O MSM found in three (4.28%) patients. H/O sex with Commercial sex worker given by 24 (34.28%) patients and 30 (42.85%) patients give H/O having multiple sexual partners. 27 (38.57%) patients already know about the barrier protection and was using precautions. Most common mode of transmission in both homosexual and heterosexual is sexual intercourse (95.71%), only 3 (4.2%) patients give H/O needle prick. 20 (28.57%) patients give H/O alcohol intake and 3 (4.2%) patients give H/O IV drug abuse. 48 (68.57%) patients belong to lower socioeconomic status among which 12 people were engaged in commercial sex activity for money. Level of education of 42 (60%) patients were below 12th standard. 3 patients were below 18 all were females with H/O sexual exposure. All patients were counselled about barrier protection, modes of transmission of STD.



DISCUSSION

STD is one of the most neglected part of dermatology. Prevalence of STD in PLWHIV is 80%. Three patients were below 18 years and 2 gives history of sexual abuse. None of the patient discuss this topic with their parents. There is still a hesitance specially in female and youngsters regarding this topic.

The high prevalence of STD's in HIV positives underlines the importance of infectivity and susceptibility cofactors in HIV transmission and acquisition. This shows the importance of early diagnosis and management of STDs to control HIV transmission and acquisition.

Sexual transmission was the most important independent risk factor for HIV infection detected in this study. A large proportion of individuals engaged in sexual practices with promiscuity, early age of first sexual exposure and infrequent use of condoms. History of previous venereal diseases and present STD's were associated with higher risk of HIV acquisition. So our study high lights the importance of reinforcing surveillance, early diagnosis and combined strategies to control and manage STD's and HIV. STD clinics in India are important sites for conducting HIV surveillance and risk reduction education.⁶ Syphilis 29 (41.43%) cases of syphilis, were encountered in this study.

Even after ongoing NACO and WHO campaigns, there is still a gap of knowledge pertaining to the causes of STDs, modes of transmission, and its prevention. Incidence new STD in HIV patients are increasing and there is a critical need to re-evaluate the current sex education program and methods of teaching delivery.

CONCLUSION

STD is one of the most neglected part of dermatology. Even after ongoing national AIDS control programme and WHO campaigns, HIV incidence are increasing and most of the population is unaware about the modes of transmission, its prevention and usage of barriers methods of contraception leads to increase prevalence of new STD in these population.

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