



**A STUDY ON CLINICO-EPIDEMIOLOGICAL PROFILE OF RTI/STI PATIENTS  
ATTENDING AT SURAKSHA CLINIC IN GAUHATI MEDICAL COLLEGE  
& HOSPITAL, GUWAHATI, ASSAM.**

**Community Medicine**

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**ABSTRACT**

**Background:** The sexually transmitted diseases (STD) are a group of communicable diseases that are predominantly by sexual contact and caused by wide range of bacterial, viral, protozoal and fungal agents and ectoparasites. More than 1 million STIs are acquired every day. Each year, there are estimated 357 million new infections.

**Aims and objectives:** To assess the socio clinico- epidemiological profile of the patients attending SURAKSHA Clinic at GMCH.

**Methods:** present hospital based cross-sectional study was conducted in the SURAKSHA Clinic of GMCH for a period of three months from 15-06-2016 to 15-09-16. Data of 276 patients coming to SURAKSHA Clinic were collected by purposive sampling.

**Results:** Out of 276 patients of STI/RTI patients, 52.17% were females and 47.83% were males. Most common syndrome among female was vaginal discharge (73.61%) followed by lower abdominal pain (66.67%). Among males most common syndrome was urethral discharge (57.58%).

**Conclusions:** STI/RTI is more prevalent in females as compared to males possibly because of certain established biological factors.. Proper understanding of pattern of STI in a particular region in very important for proper planning of STI control. This can be further reduced by education, awareness and syndromic treatment of RTI as per NACO guidelines.

**KEYWORDS**

**Introduction:**

The sexually transmitted diseases (STD) are a group of communicable diseases that are predominantly by sexual contact and caused by wide range of bacterial, viral, protozoal and fungal agents and ectoparasites. The true incidence of STDs will never be known not only because of inadequate reporting but because of secrecy that surrounds them. During the past few decades, STDs have undergone a dramatic transformation<sup>1</sup>. First the change in name from venereal diseases (VD) to sexually transmitted disease (STD). STDs have a profound impact on sexual and reproductive health worldwide, and rank among the top 5 disease categories for which adults seek health care. More than 1 million STIs are acquired every day. Each year, there are estimated 357 million new infections<sup>2</sup>.

STIs can have serious consequences beyond the immediate impact of the infection itself. STIs like herpes and syphilis can increase the risk of HIV acquisition three-fold or more. Mother to child transmission of STIs can result in stillbirth, neonatal death, low birth weight, prematurity, sepsis, pneumonia, neonatal conjunctivitis and congenital deformities<sup>2</sup>. National AIDS control program (NACPIII) and reproductive and child health program (RCH II) under NRHM has recognized the fact that effective prevention and control of sexually transmitted infections is most cost effective intervention to reverse the HIV epidemic and promote sexual and reproductive health<sup>3</sup>. Syndromic case management (SCM) approach with appropriate laboratory tests is the corner stone of STI/RTI management under NACPIII. This approach classifies STI/RTI into syndromes and provides treatment for the most common organisms causing the syndrome. The syndromic case management achieves high cure rates, because it provides immediate treatment on the 1st visit and at little or no laboratory cost<sup>3</sup>.

**Aims and Objectives:**

To assess the socio clinico- epidemiological profile of the patients attending SURAKSHA Clinic at GMCH.

**Materials and methods:**

The present hospital based cross-sectional study was conducted in the SURAKSHA Clinic of GMCH for a period of three months from 15-06-2016 to 15-09-16. Data of 276 patients coming to SURAKSHA Clinic were collected by purposive sampling. For convenience data were collected during 10-12.30 am for five consecutive working days in a week. Data were collected by using a pre-designed and pre-tested

schedule containing both open and closed ended questions from the patients and patients attendants. Those who were willing to take part in the study were included in the study. Verbal informed consent was taken from each of the patient and attendant ( for minor) explaining purpose and nature of the study. Privacy and confidentiality of the patients were maintained while collecting data and results were presented in aggregate form without individual identification.

**Results:**

Table 1 shows distribution of patients as per their socio demographic characteristics. Majority of the patients attending the SURAKSHA Clinic were in the age group of 28-37 years (40.58%). Majority (52.17%) of the patients were female. Majority (52.9%) were Hindu by religion. Majority (38.41%) were belonged to Class III SES according to modified B G Prasad Classification.

Table 2 shows the distribution of STI/RTI patients according to their syndroms. Among males majority (57.58%) of the respondents have urethral discharge and among females majority (73.61%) of the respondents have vaginal discharge followed by lower abdominal pain (66.67%).

**Table 1 shows distribution of patients as per their socio demographic characteristics.**

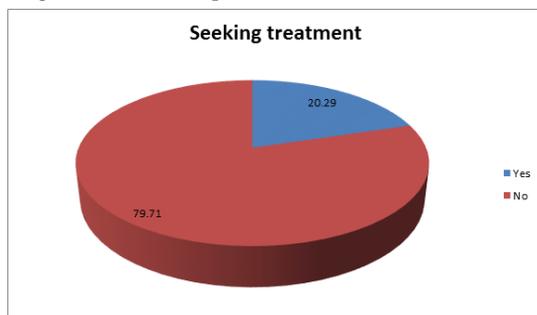
Characteristics	Number of patients	percentage
<b>AGE Group</b>		
10-19 years	20	7.25
19-28 years	24	8.7
28-37 years	112	40.58
37-46 years	76	27.54
≥46 years	44	15.94
<b>GENDER</b>		
Male	132	47.83
Female	144	52.17
<b>RELIGION</b>		
Hindu	146	52.9
Muslim	103	37.32
Others	27	9.78
<b>SOCIOECONOMIC STATUS ( According to modified B G Prasad Classification 2014)</b>		
Class I	16	5.8
Class II	58	21.01

Class III	106	38.41
Class IV	84	30.43
Class V	12	4.35
<b>EDUCATIONAL STATUS</b>		
Illiterate	30	10.87
Primary	42	15.22
Middle	46	16.67
High School	82	29.71
Higher Secondary and above	56	20.29
<b>MARRITAL STATUS</b>		
Married	189	68.48
Unmarried	87	31.52

**Table 2 shows the distribution of STI/RTI patients according to their syndroms.**

Syndroms	Number	Percentage
Urethral Discharge	76 (n=132)	57.58
Vaginal Discharge	106(n=144)	73.61
Lower abdominal pain in females	96(n=144)	66.67
Genital Ulcer	21(n=276)	7.61
Scrotal Swelling	36 (n=132)	27.27
Inguinal Bubo	28(n=132)	21.21

**Fig 1 shows the distribution of the respondents according to seeking treatment of their partner**



Above figure shows that only 20.29% respondents seeking treatment for their partner.

#### Discussion:

India has a population of more than 1.25 billion, with half of them in the sexually active age group<sup>4</sup>. Among the 276 studied cases, the majority (52.17%) were females while males were 47.83. The majority (40.58%) of cases were in the age group of 28-37 years followed by 27.54% in the 37-46 years age group, which includes mostly sexually active individuals. In our study, majority (29.71%) of patients were educated up to HS standard followed by 20.29% patients were educated upto Higher Secondary and above. Similar study results were found in the study done by Alpana Thakur et al<sup>1</sup> on their study "Clinico epidemiological profile of 1000 patients attending RTI/STI Clinic".

Majority (38.41%) respondents were belonged to Class III socioeconomic status followed by Class IV SES according to modified BG Prasad Classification. Similar study done by Saikia et al<sup>2</sup> reported that most patients in their study were from low and middle income group and Setia et al<sup>6</sup> also noted that most patients presenting to the STI clinic were from middle to lower socio-economic strata.

In our study 68.48% respondents were married.. Similar findings were reported by Choudhry et al<sup>7</sup> who observed that 70% patients in their study were married. Setia et al<sup>6</sup> reported that about 45% of the STI clinic attendees were married, and this increased to 67% two years later in the course of the study. Saikia et al<sup>3</sup> reported that 45.7% having STIs were unmarried.

In our study, the majority (73.61%) of female patients had vaginal discharge followed by 66.67% females having lower abdominal pain. Among the male patients, majority (57.58%) having urethral discharge. Similar findings were reported by Choudhry et al<sup>8</sup> who observed that 33% males and 50% females presented with discharge. In our study 20.29% respondents seeking treatment for their partner.

#### Conclusion

STI/RTI is more prevalent in females as compared to males possibly

because of certain biological factors like: Thin lining of vaginal mucosa, Larger exposed area, Genital fluids stay in contact for a longer time, Use of vaginal douches, Influence of hormonal contraceptives, Different socio-cultural norms for men and women. Lower Abdominal Pain is the commonest presenting complaint among females and urethral discharge among males. Proper understanding of pattern of STI in a particular region is very important for proper planning of STI control. This can be further reduced by education, awareness and syndromic treatment of RTI as per NACO guidelines.

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Conflict of interest: None declared

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