

A STUDY ON HEALTH SEEKING BEHAVIOR OF PATIENTS WITH GENITAL ULCER DISEASEMeetesh Agrawal¹, Swarupa Chakole²**HOW TO CITE THIS ARTICLE:**

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BACKGROUND: In developing countries, the proportion with STDs who present with genital ulcers is high compared to developed nations. **AIM:** 1. To study reaction of the cases toward their disease. 2. To study communication of cases with their partners. 3. To study treatment of symptoms and starting treatment, selfmedication & completion of treatment. 4. To study approach of health care providers. **STUDY SETTINGS:** Present study was carried out in Department of skin and VD, Medical College and SSG Hospital Baroda between June 2001 to Feb. 2003. **MATERIAL AND METHODS:** A cross sectional study was conducted. Sexually active male or female having genital ulcer with history of exposure in patient or partner. Total 216 cases were included in the study. Detailed history was taken and was recorded. An attempt was made to study health care seeking behavior in 60 cases. These cases were questioned about their reaction towards the disease treatment seeking including completion of treatment and time gap between appearance of symptoms and treatment taken were asked. They were also asked about the approach of the health care providers from whom they took treatment before coming to our clinic. **RESULTS:** It was observed that 57% of the cases among males were frightened after having GUD. They were likely to come to STD clinics at the earliest for treatment. Spousal communication was only 45% in male cases. Only 1/3rd cases came directly to STD clinic and the other visited other practitioners. Among these, only 60% took treatment from MBBS doctors or STD specialist. Rest of them went to unqualified health. Awareness about protective value of condom, as far as STI prevention is concerned, was 70% but consistent use was seen only in 2% cases. Twenty one percent cases did not know how to use condom, and 7% did not know about condoms at all. As many as 89% cases didn't feel it necessary to use condoms during sexual relations with wife. **CONCLUSION:** Creating awareness promoting safe sex method including female driven devices, training doctors and other paramedical workers along with help of outreach workers may be appropriate strategies to combat STIs in future.

KEYWORDS: Genital ulcer disease

INTRODUCTION: Sexually Transmitted Diseases (STDs) pose a public health problem of major significance in most parts of the world and South-East Asia was no exception.¹ The presence of high prevalence of asymptomatic disease is a barrier to effective control.² Even when symptoms occur, their presentation can overlap with and be diagnosed as a normal physiological change and normal physiological discharge may be misdiagnosed as RTI's.³ In some instances, despite availability of best services, symptomatic persons do not seek or delay in seeking appropriate diagnostic and treatment services.⁴ RTI's entail a heavy toll on women, if untreated can cause serious consequences of infertility, ectopic pregnancy, cervical cancer, menstrual disturbances, pregnancy wastage and low birth weight babies.

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Genital ulcer syndrome is a frequent presentation of sexually transmitted disease, especially in developing countries, like ours. There are number of different causes of genitor ulcer disease, and since the clinical presentation of each may be variable and the treatment for each different, genital ulcer syndrome creates considerable and management problem for clinicians.

In developing countries, the proportion with STDs who present with genital ulcers is high compared to developed nations. Herpes pro genitalis is the most common cause of genital ulcer in developed and most parts of developing world. The genital ulcer disease or genital ulcer syndrome is defined as a breach of the epithelium of the genital skin or mucous membranes, usually by sexually acquired organisms resulting in the formation of lesions. During the course of the disease the inguinal and/or femoral lymph nodes may be enlarged resulting in a combination of ulceration and lymphadenopathy for be appropriate. While we recognize the importance of intervention programs providing preventive measures, we also realize that a certain percentage of the population is already infected. Obviously, for a meaningful intervention aiming at prevention and control of STDs, the already infected population needs some sort of psychological, social and medical attention, which necessitates the planning and implementation of relevant intervention programs. In this regard, answers to the following questions become relevant. Are there adequate facilities and human resources to meet the psychological, social and medical needs of STD patients in this part of the world? Are the patients ready to make full use of the available resources? What is the nature of their health-seeking behavior?

AIM AND OBJECTIVES:

1. To study reaction of the cases toward their disease.
2. To study communication of cases with their partners.
3. To study treatment of symptoms and starting treatment, self-medication & completion of treatment.
4. To study approach of health care providers.

MATERIAL AND METHODS:

Present study was carried out in Department of skin and VD, Medical College and SSG Hospital Baroda between June 2001 and Feb. 2003. Two hundred and sixteen cases having genital ulcers were included in the study.

INCLUSION CRITERIA: Sexually active male or female having genital ulcer with history of exposure in patient or partner.

Detailed history was taken and was recorded. Inquiries were made regarding age, educational status, occupation, marital status and details of their complaints.

An attempt was made to study health care seeking behavior in 60 cases. The cases were selected randomly and in depth interview was taken after their consent. The interview was carried out as per the structured Performa.

These cases were questioned about their reaction towards the disease treatment seeking including completion of treatment and time gap between appearance of symptoms and treatment taken were asked. They were also asked about the approach of the health care providers from whom they took treatment before coming to our clinic.

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All the data were recorded in a Proforma. It was tabulated analyzed and an attempt was made to compare data of present of study with other available studies.

An attempt was made to study the health care seeking behavior of 60 cases with GUD.

RESULTS AND DISCUSSION:

Reaction	Male (n=56)	Female (n=4)	Total (n=60)
Frightened (Required urgent treatment)	32(57.1%)	01(25%)	33(55%)
Took as Non-serious problem (Requiring treatment)	18(32.1%)	01(25%)	19(31.7%)
Took as Non-serious problem (Requiring no treatment)	06(10.7%)	02(50%)	08(13.3%)
Total	56 (100%)	04 (100%)	60 (100%)

Table 1: Reaction of the cases

At least 57% of the males were frightened and were likely to go for treatment at the earliest. Remaining 43% cases may not go for treatment at earlier stage and are prone to complication and sequel of STD. These cases are more likely to transmit STIs.

Person	Married	Unmarried	Total
Spouse	18(45%)	-	18(30%)
Friend	07(17.5%)	12(60%)	19(31.7%)
Relative	03(7.5%)	06(30%)	09(15%)
Not communicated	12(30%)	02(10%)	14(23.3%)
Total	40(100%)	20(100%)	60(100%)

Table 2: Person with whom communicated

Overall communication was more unmarried (90%) compared to married (70%) male cases. 45% of the married male cases communicated with their spouses, 25% with friends and relatives and as 3% didn't communicated at all.

Spousal communication is the first step towards not only safe sex promotion and condom use, but also for partner notification.

Time gap	No. of cases
Within 1 week	42(70%)
Within 2 week	13(21.7%)
Within 1 month	03(5%)
More than 1 month	02(3.3%)
Total	60(100%)

Table 3: Time gap between appearance of symptoms and attending STD OPD

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Seventy percent of the cases came within one week for treatment but 30% took longer period. As highlighted, delay in STD treatment has lots of impact on STD cases, their partners and community.

Pathway	No. of cases
Cases coming directly to STD OPD	20(33.3%)
Actions taken before coming to STD OPD	
➤ Visited 1 practitioner	34(56.7%)
➤ Visited 2 practitioner	06(10%)
➤ Visited 3 practitioner or more	00(0%)
Total	60(100%)

Table 4: Health Care Pathway of the cases

Only one -third cases directly came to STD OPD AND REST TOOK TREATMENT FROM ONE OR MORE PRACTITIONERS. These 2/3rd cases might not have received proper treatment.

Approach	Yes	%
Asked History of exposure	12	30%
Discussed mode of transmission	06	15%
Examined affected parts	13	32.5%
Discussed safe sex measures/condom use	05	12.5%
Advise abstinence till complete cure	04	10%
Suggested partner management	03	7.5%

Table 5: Approach of the health care providers (n=40cases)

Approach of the health care providers was not according to the guidelines of STD management. Only 1/3rd of the cases were examined and most of the cases were dealt with treatment based approach rather than comprehensive case management. Less than 10% of the cases were told about safe sex measures, condoms, abstinence till complete cure and only 7.55 were suggested partner management.

Use of Condom	No. of Cases (n=56)
Purpose of using condom(n=44)	
➤ Protection against pregnancy	13(29.5%)
➤ Protection against STDs	05(11.4%)
➤ Both	26(59.0%)
Frequency of using condom during EMR (n=52)	
➤ Every time	01(1.9%)
➤ Some times	09(17.3%)
➤ Rarely	05(9.6%)
➤ Never	37(71.2%)
Reasons for not using condom with wife (n=36)	
➤ Not available	02(5.5%)

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➤ Don't feel necessary	32(88.9%)
➤ Not available when needed	02(5.5%)
Don't know how to use condom	12(21.4%)
Don't know about condom	04(7.14%)

Table 6: Use of Condom

30% cases were considering condoms a device to protect against conception. Though seventy percent cases were aware that condom offer protection against STD, but only 2% cases were using it consistently and as high as 71% had never used condoms. Almost 89% of cases didn't feel it is necessary to use with wife.

21% cases did not know how to use condoms and 7% did not know about condom at all.

SUMMARY: It was an opportunity to observe the health care seeking behavior of GUD case during the course of the study.

It was observed that 57% of the cases among males were frightened after having GUD. They were likely to come to STD clinics at the earliest for treatment. Significant number of cases (43%) took their problem lightly. Such cases were likely to come for treatment late or they might not come for treatment and hence were prone to complications.

Spousal communication was only 45% in male cases. This may be due to feeling of guilt, shame or the potential impact on married life. They were likely to transmit infection to their female partners and in turn to future generation.

Thirty percent of the cases look as long as 1 week to come to STD clinic after they had genital sores. This sort of treatment delay is undesirable not only for the cases themselves but also for their partners and the community.

Only 1/3rd cases came directly to STD clinic and the other visited other practitioners. Among these, only 60% took treatment from MBBS doctors or STD specialist. Rest of them went to unqualified health care providers who were not well versed with the STD prevention and management.

Twenty one cases took treatment from MBBS doctors but were not cured fully. This may be due to incompetence of such doctors in handling STDs. out of 40 cases who took treatment from these practitioners, 24 cases completed the treatment and only 3 were fully cured. Thus cure rate was quite low.

Approach of these health care providers was not according to the guidelines of STD management. Most of the patients were dealt with treatment based approach. Two third of the cases were not examined at all and less than 10% cases were advised safe sex measures, abstinence till cure and partner management.

Awareness about protective value of condom, as for as STI prevention is concerned, was 70% but consistent use was seen only in 2% cases. Twenty one percent cases did not know how to use condom, and 7% did not know about condoms at all. As many as 89% cases didn't feel it necessary to use condoms during sexual relations with wife.

CONCLUSION: As STIs are more related to behavior of the cases than anything else it was important to know health seeking behavior of the cases.

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As many as 40% cases took their lightly and reluctantly starting treatment late. Most of the cases were not communicating with their spouses and in these cases use of safe sex method, condom use and partner management are ought to be a problem. Many of the cases choose to go to unqualified health care providers who are not familiar with STD management. Even the qualified medical practitioner's used treatment based approach and followed the comprehensive guidelines of syndromic management of STDs.

STDs are a complex problem involving socio-economic, behavioral and gender issues, thus needing a comprehensive approach covering not only STD cases and their partners but also the individuals with high risk sexual behavior. A lot of efforts are required to control RTIs and STIs in the community. It is important to make people aware about STIs. Outreach workers who can identify people with high risk sexual behavior and bring them to STD clinics are an absolute necessity. Empowerment of females and promotion of female driven protective devices are required.

Creating awareness promoting safe sex method including female driven devices, training doctors and other paramedical workers along with help of outreach workers may be appropriate strategies to combat STIs in future.

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