

PLANNING FOR THE CONTROL OF VENEREAL DISEASES IN TAMIL NADU FOR THE NEXT TEN YEARS

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Some of the major public health problems in India are Tuberculosis, Leprosy, Cancer, Smallpox and Venereal Diseases. National and State Control programme for tuberculosis, leprosy, cancer, smallpox have been engaging the attention of authorities but it is strange that very little attention is being paid to control venereal diseases. At the Centre there is an Adviser in Venereal Diseases who has no separate existence. The Advisory Committee on VD patiently meets periodically and the same resolutions are being passed year after year since 1963. These resolutions are not being implemented by the State authorities.

At the State level there is no VD Control Officer to see for the implementation of the resolutions. In short there is no organised VD control programme anywhere in India. This unfortunate state of affairs is mainly due to the initial dramatic effect of antibiotics in the management of venereal diseases which rapidly brought down the number of manifest cases.

However, in the last decade when the incidence of VD started rising, it was realised that treatment alone cannot control a group of diseases which are chronic with long periods of latency, transmitted sexually and closely linked

with the human behaviour. The present tendency is to designate VD as behavioural diseases—sexually transmitted to give one an idea of the magnitude of human problems involved. Ignoring the above fact, planning to control VD has resulted in the resurgence of VD in the last decade even in advanced countries like U.K. and U.S.A. So, at present, specially in U.K., venereal diseases are being tackled with enthusiasm and vigour (Nicol, 1971). VD clinics are being opened where none ever existed previously and the closed ones are being re-opened where emphasis is mainly on Health Education, health counselling, contact investigation and contact tracing.

With the huge undetected reservoir of infections in our country, this problem of venereal diseases must be energetically tackled on all fronts with particular reference to health education and epidemiology. At present the State of Tamil Nadu can be proud of the fact that it is the only State in the whole of India where attempts are made for a comprehensive attack on the problem of venereal diseases. However, what is being done is still inadequate and this is reflected by comparing the population clinic ratio as existing now in U.K. and in Tamil Nadu State (Nicol, 1971).

So, while planning for a VD control programme certain factors will have to be borne in mind.

1. There is a rising incidence of VD all over the world and Tamil Nadu is no exception.

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2. Younger age groups are victims of this disease.
 3. Society is becoming more permissive in every way.
 4. With greater awareness of Family Planning procedures among the people increasing tendency to be more promiscuous is noted.
 5. The haphazard treatment for venereal diseases by unqualified persons is a menace to the society—masking the classical manifestations.
 6. There is a great paucity of VD clinics all over India to tackle the ever growing problem.
 7. Urbanization, industrialization and rapid mode of transportation are other factors for the rapid spread of these infections.
 8. Venereal diseases are still a problem of the cities, towns, ports and pilgrim centres. So to strengthen the efforts of the State Government, the Corporation, Municipalities and Voluntary Agencies should share the responsibility in tackling this problem and the main emphasis should be on health education. New clinics need not be opened but a few of the existing Family Planning and Maternal & Child Health clinics in strategic places according to population should be re-organised as multipurpose education clinics for healthy family life and can be called **FAMILY WELFARE EDUCATION CUM FAMILY HEALTH CLINIC**.
- (a) Greater emphasis should be made at every stage of planning on health education and epidemiology rather than treatment.
 - (b) The paramedical personnel form the backbone in a VD control programme. Hence, while planning adequate paramedical personnel should be employed.
 - (c) In-service training is obligatory. This training is by regular seminars and refresher course in venereal diseases at headquarters and at district levels throughout the year to all categories of personnel.
 - (d) In order to keep up a high standard of efficiency in the diagnosis of VD proficiency testing of all the laboratories periodically should be carried out.
 - (e) The Family Planning, Maternal and Child Health and VD programmes should go hand in hand and should be viewed as one of **FAMILY LIFE EDUCATION** programme rather than considering them as separate entities.

It would not be out of context to emphasise that it is necessary that every Family Planning and MCH clinic in the State and in the country must have provision for giving advice regarding VD., its diagnosis and treatment since it is in such places a significant percentage of the vulnerable population can be met with.

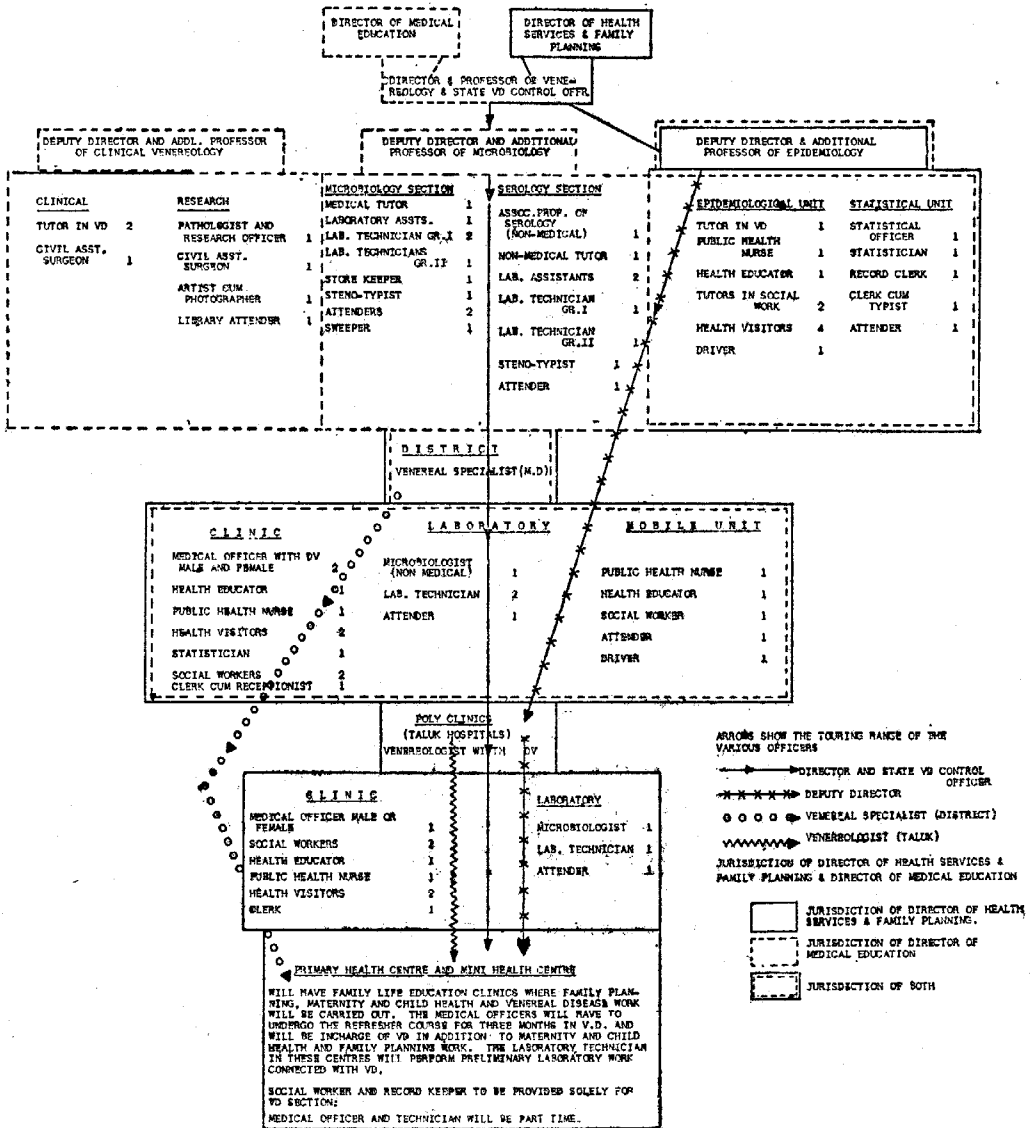
- (f) As there is dearth of personnel volunteering for VD work, adequate extra remuneration should be offered for all categories of personnel.

A comprehensive proposed plan for the control of venereal diseases is herewith appended.

In conclusion the following measures in general should be adopted and implemented to achieve success in this campaign :

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Foot Note :—Each district will have 2 mobile units which could also be used by the Poly clinic for periodic and regular visits to primary health centres. One VD medical officer at a time from district/poly clinic will be incharge and will visit the primary health centre of Mini health centre depending upon the area to be covered.

At district level the VD Medical Officer shall arrange for short term refresher course periodically for medical and para medical personnel attached to Poly clinic, Primary health centre and Mini health centre.

Periodical seminars should be conducted in the districts along with the officer incharge of epidemiological unit of the Institute of Venereology, Madras.

It is obligatory that the personnel at District level should also undergo short term refresher course training at the Institute of Venereology at least once in two years.

The Institute of Venereology at Madras will be the headquarters for the entire VD control programme and will be responsible for :

1. collection of data and compilation of the statistics for the whole of Tamil Nadu
2. Teaching and training programme for all categories of personnel
3. proficiency testing of the various laboratories
4. the State VD control officer or the deputy Director of Epidemiology shall periodically visit, inspect and guide the VD set up and take part in conferences and seminars arranged at the Districts.

**Pattern of Clinics in Corporation, Municipalities, Ports & Pilgrim Centres
for the control of Venereal Diseases**

(To be maintained by Corporation, Municipalities or Voluntary Agencies.)

FAMILY WELFARE EDUCATION CUM FAMILY HEALTH CLINIC

Maternal and child Health (M.C.H.)	Family Planning (F.P)	Venereal diseases (V.D.)
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STAFF

Medical Officers	2	
Public health nurse	1	
Extension educators	2	
Health visitors	4	
Health educator	1	
Social worker	1	(mainly for VD)
Record keeper	1	
Lab. Technician	1	
Lab. Attender	1	
Other ancillary staff		

Public health laboratories maintained by Corporation or Municipalities will cater to the laboratory needs of these clinics. The VD control staff working in these areas will work in close collaboration with the State Govt. VD control officer. It is desirable for the VD control staff working in the above areas

1. To undergo periodic training at the Institute of Venereology (both medical and para medical)
2. participate in interlaboratory evaluation and standardisation of serologic tests for syphilis
3. submit statistics periodically for compilation at the Institute of Venereology.

REFERENCES

Nicol CS: Venereology in India, Indian J Derm Ven, 38:97, 1972.