

## A STUDY OF PROBLEM OF VENEREAL DISEASES AMONG UNIVERSITY MALE RESIDENT STUDENTS

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### Summary

Venereal Diseases problem was studied in 1500 residential Banaras Hindu University students in the age group 15-26 years. Out of these, 59 students were found to be suffering with Venereal Diseases, giving rise to a prevalence of 3.93%. The students in the age group of 20 years and above were affected more (5.13%). Highest percentage of cases were found in the students at 21 years of age (8.58%). There was no significant difference in the disease rate in students coming from urban and rural areas, neither was there any difference among married and unmarried students. There was more or less equal distribution of cases among different faculties of the University. It was observed that higher family per capita income definitely had positive effect on the prevalence of Venereal Diseases.

### Introduction

Throughout the world, Venereal Diseases are on an increase<sup>1</sup>. It was also shown that both Syphilis and Gonorrhoea are becoming more frequent among young people. Various reports<sup>2,3</sup> from different parts of the world show that these trends prevail among student population also. In view of the above, a study was conducted among the male students of the residential Banaras Hindu University, Varanasi to study the prevalence of Venereal Diseases and some of the related factors.

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### Material and Methods

Fifteen hundred University residential male students underwent health examination during 1971-1972 at the University Health Centre, Banaras Hindu University, Varanasi. The University resident students are given preventive health examination in the University Health Centre regularly. They were clinically examined and appropriate laboratory tests were done for evidence of Venereal Diseases (Syphilis and Gonorrhoea). The record analysis of Hospital attached to Institute of Medical Sciences (situated in the University campus) showed 30 cases of syphilis, 29 cases of Gonorrhoea and no case of Chancroid and other venereal diseases in the student population in the years, 1970-1972. General characteristics such as age, religion, permanent place of residence, marital status, faculty in which student is studying, occupation of parents and per capita income etc. were recorded on precoded and pretested schedules. History of probable contact

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and history of clinical symptoms suggestive of Venereal Diseases were noted.

**Results**

**Prevalence**

Out of 1500 students investigated for Venereal Diseases, 59 were found to be positive i. e. 3.93 per cent. The prevalence for syphilis was 3.06 per cent, for Gonorrhoea 1.07% and for combined infections (the cases having both syphilis and gonorrhoea at the same time) 0.2%.

**Age Distribution**

The age of students examined ranged from 15-26 years, while those with disease ranged from 17-26 years (Table 1). The Venereal Diseases were found to be more common in the age group 20-26 years as compared to those below 20 years, the percentage being 5.12% and 2.63% respectively ( $X^2 = 5.11, P < 0.05$ ). Highest number of cases were found at the age of 21 years (8.58%).

TABLE 1  
Age Distribution

Age (in years)	Students examined No.	Cases detected No.	Percentage Prevalence
15	23	0	0.0
16	73	0	0.0
17	157	3	1.91
18	228	7	3.07
19	240	9	3.75
20	270	12	4.44
21	163	14	8.58
22	145	6	4.13
23	77	4	5.19
24	51	1	1.96
25	29	1	3.44
26	44	2	4.54
			2.63
			5.13
1500			59 3.93

$X^2 = 5.11, P < 0.05$

**Religion**

Out of the 1500 students there were 1385 (92.3%) Hindus and 115 (7.7%) belonged to other religious groups. Out of 59 positive cases 51 (86.4%) were

Hindus. In the student population under study Jains showed a prevalence of 11.42% which was highest, followed by Christians (9.09%) and Buddhists (6.89%). There were no cases among the Sikhs. The number of Sikh students was very small.

**Residencewise Distribution**

The rural and urban distribution of students showed that the risk of infection among urbans was higher (4.67%) as compared to rurals' (3.67%). State-wise analysis showed that students from West Bengal were affected most (12.5%) ( $X^2 = 111.7, P < 0.001$ ). Prevalence among foreign students was (7.14%). The students from Bihar had the least prevalence.

**Marital Status**

Prevalence of Venereal Diseases among married students was slightly higher (4.62%) as compared to unmarried (3.77%). The difference was statistically insignificant ( $X^2 = 0.24, P > 0.05$ ). All students were staying in Hostels and away from their families irrespective of their marital status.

**Faculty-wise Distribution**

It was observed that the Venereal Diseases were almost equally distributed among all the faculties of the University. Prevalence was slightly higher among engineering students (5.24%) although the difference was not significant statistically. (Table 2) ( $X^2 = 2.56, P > 0.70$ ).

TABLE 2  
Faculty-Wise Distribution

Faculty	Cases		Students examined		Percentage infected
	No.	%	No.	%	
Arts	14	23.7	358	23.87	3.91
Sciences	16	27.1	449	29.93	3.51
Engineering	19	32.2	362	24.13	5.24
Commerce	4	6.8	136	9.07	3.00
Law	2	3.4	63	4.20	3.17
Others	4	6.8	132	8.80	3.00

$X^2 = 2.56, P > 0.70$

In order to study the influence of socio-economic status on Venereal Diseases amongst the students, the occupation of parents or guardian and family income were analysed.

**Per capita income**

About 57% of students in the university were from poor families with per-capita income of Rs. 50/- per month. The percentage of students decreased as the per capita income increased. (Table 3) The highest prevalence of venereal diseases was observed in the income group above Rs. 200/- p.m. (10.59%) followed by the group Rs. 100-200/- p.m. (7.27%). From the above data it is seen that students from poor families could not possibly afford to have the illegal sex pleasures.

TABLE 3  
Family Per capita Income of Students

Per capita income	Students examined No.	Cases		Percentage Prevalence	
		No.	%	%	
Upto Rs. 50/-	864	57.6	8	13.5	0.92
Upto Rs 100/-	320	21.3	23	38.9	7.19
Upto Rs. 200/-	165	11.0	12	20.3	7.27
Above Rs. 200/-	151	10.1	16	27.1	10.59
Total	1500		59		

$X^2 = 52.25, P < 0.001$

**Occupation of parents**

The prevalence of Venereal Diseases was found highest (9.71%) among the wards of the executive class followed by Business class (7.91%). The wards of Agriculturists were least affected (2.21%). When these classes were further studied according to income groups, it was observed that all wards of executive and business classes were having per capita income above Rs. 100/- p.m.

**Discussion**

There were no specific studies reported in the literature regarding Venereal Diseases problem among students in India. The prevalence of Venereal

Diseases among the residential students in the present study was found to be 3.93%. In other developing countries, where similar studies were conducted among student population, the results were comparable to those of the present study. The rates reported by Vaschirotai<sup>3</sup> from Thailand and Arya<sup>4</sup> from Uganda were 4% and 2.3% respectively. It was observed that the students belonging to the age group of 20 years and above were affected more (5.13%) than those below 20 years of age (2.63%). The difference was significantly higher ( $X^2 = 5.11, P < 0.05$ ) among the students aged 20 and above in ours as well as Arya's study<sup>4</sup>.

It was observed that the Jain students were more affected (11.42%) ( $X^2 = 5.33, P < 0.05$ ). This might be due to the fact that 3 out of 4 cases seen among the Jains belonged to the same faculty, stayed in the same hostel and moved together. On further investigation, they also gave history of going to the same contact (Prostitute). In this study the Buddhist students were from Ladakh, where sex permissiveness was present and hence showed a higher prevalence of Venereal Diseases (6.89%). The number of students examined in other religions were too small to comment upon.

There was no significant difference in prevalence among students coming from urban and rural areas. Higher prevalence for West Bengal students, as observed in this study, was probably due to the fact that all these cases except one belonged to cosmopolitan places like Calcutta, Darjeeling and Durgapur, where plenty of opportunities for promiscuity were present.

In the present study no significant difference was found in the prevalence of the Diseases between the married and unmarried students, while in general population Tampi<sup>5</sup> and Kapoor<sup>6</sup> have reported higher rates in married and

Rangaswami et al<sup>7</sup>, in unmarried people in India. Nair, et al<sup>8</sup> discussed this aspect in detail in the general population and stated that it was difficult to find any cogent correlation between Venereal Diseases and marital status. These authors had taken either general population for study or had projected the number of Venereal Diseases cases in the Hospital on general population. Hence the rates were not at all comparable to the present specific student population where majority of the students (81.3%) were unmarried. It appears that marriage is not a significant factor in occurrence of Venereal Diseases among students. Cases were found in all the faculties with more or less equal distribution. All the students were residents in the same campus with same environment and recreation facilities irrespective of their faculty of study.

Increase in number of Venereal Diseases cases was directly proportional to the increase in per capita income of the family. The students, in higher income groups, probably had got more money to spend than the poor students. In the general population the two extreme situations of economy were effected more<sup>6</sup>, where various avenues were present for promiscuity. On the other hand, resident student population

had to resort mainly to prostitutes, which costs money. Hence the students from higher income groups were affected more with Venereal Diseases. The reason for higher incidence of disease among the wards of executives and business people might be due to the fact that their per capita income was above Rs. 100/- per month.

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