

REACTION OF PATIENTS TOWARDS V. D. INFECTION

By

T. R. SETH *

Introduction : The social stigma attached to V. D. poses manifold epidemiological problems. The success of V. D. control depends mainly upon two aspects. Firstly, the successful control and manipulation of sociological factors that help or hinder the spread of V. D. These factors entail the study of the value patterns of the community, standardised behaviour pattern and the introduction of reformatory services through voluntary organisations, social legislation, introduction of indirect social sanctions and the provision of preventive treatment in the suspected communities. Secondly, the provision of immediate curative services to the suffering universe; and the factors that affect epidemiological aspect of V. D.

In the present paper it is proposed to study to some extent the second aspect of the control programme. The scope of the provision of curative services is practically and fundamentally conditional to the reaction of the patients towards V. D. infection. It has been discussed in another paper* that many cases do not turn up to the clinics for treatment for quite a long period, sufficient to aggravate the problem. However enthusiastic a V. D. worker may be if the patients evade treatment it becomes a difficult proposition for him or her even to trace them out.

It is assumed that knowledge about the source, dangers, symptoms of the disease might be restraining them to enter into unwanted sexual relations. Hence there may be some association between the knowledge about the disease and willingness to enter into such relations which transmit the infection. Their willingness to indulge in such relations is expected to fall considerably at least after getting infected.

Methodology : One hundred male cases who were diagnosed as suffering from syphilis, gonorrhoea and chancroid at the V. D. Centre, Safdarjang Hospital New Delhi (Table No. 1) were selected for the study. They were interviewed personally with the help of a standardised pretested schedule.

Discussion : The knowledge about the disease, influences the actions of individuals who acquire it, especially in communicable disease like V. D. which is a consequence of inter personal relations amongst the heterosexuals or homosexuals.

Amongst our sample only 13 respondents knew about V. D. in general, whereas out of these only two cases could tell specifically about the source, dangers, and symptoms of the disease and that also to a minimum extent. Again only these 13 replied in the affirmative about our enquiry that "one gets V. D. through sexual intercourse". Out of the remaining 87 cases, five gave doubtful replies, whereas 82 clearly expressed ignorance in this regard.

* Social Science Instructor, Regional Family Planning Training Centre, Delhi, formally Health Educator, V. D. Training and Demonstration Centre, Safdarjang Hospital, New Delhi.

It is intriguing that if they knew, that one gets V. D. through sexual intercourse then how they happened to indulge in it. On our asking the reasons for this, six out of 13 cases replied, "They did not expect it", another six preferred pleasure to infection, in the case of one his wife being away. Whether they did not anticipate the seriousness of the disease or their sexual urge dominated, but once they realised that they had contracted V. D., it was expected that they would restrain from visiting women for sexual indulgence. According to our data it was found that 64 cases were still promiscuous, and out of remaining 36 who stopped visiting women, 28 did so after getting infected, and, eight after getting married. This was further confirmed by the number of visits they made to the V. D. clinics, with fresh infections (Table No. 2). Out of these 13 cases who knew about V.D. and did not expect to be infected or preferred pleasure to infection, five had already visited a clinic with initial infection earlier and this was their second visit, four had visited two and more than two times with fresh infections earlier, in the case of remaining four this was their first visit.

Analysing our data in terms of recurrence of disease and its association with knowledge about the disease, we found that amongst those with doubtful or no knowledge about V.D. the incidence of recurrence of disease was higher, 67 cases out of 87, got repeated infection, as compared with 7 cases out of 13 who had some knowledge about the disease. This clearly established to some extent that the knowledge about V. D., did play a role, howsoever little it might be, in checking the spread of V. D.

The knowledge about the undesirable consequences of an act, does affect the volition of an individual to undertake such an act. The willingness to undertake such an act is further influenced by the group pressures and interpersonal relationships. Regarding former, majority of those who did not know about V.D., 70 out of 87 visited their first partners alone, clearly emphasising their willingness to indulge in sex, whereas only 5 out of those 13 who knew about the disease visited their first partners alone, emphasising that majority of them 8 out of 13 were under some group pressure, since they visited their first partners in the company of mainly friends and colleagues. Analysing our data regarding their visits to their subsequent partners alone or in company of some one, we found that out of those 80 cases who had more than one contact, 18 visited their partners in company of friends and colleagues and 10 occasionally visited with their friends while 52, always visited them alone.

This was further confirmed by the nature of their first and the last partners, since the nature of their partners determines to a great extent the conscious efforts the cases have to make to meet them and also whether to meet them alone or in company of some one. In case of professional partners the individuals have to make conscious efforts to locate them, arrange with them about time, place, and money, and they could be attempted in group also. Whereas, in case of non-professional partners, be they casual acquaintances, friends, relatives etc; the

meetings might be accidental, hence involving lesser degree of conscious efforts. Moreover, with later type of partners the visits have to be made alone in majority of the cases. According to our data the first partners of 21 of respondents were professionals and that of the 36 of respondents the last partners in coitus were professionals*.

The identification of the sources of information about disease is most vital to the reliability of information given. This in turn affects the voluntary character of indulgence into acts which lead to undesirable consequences. Accordingly, the respondents were asked not to give the sources of knowledge about V. D. only, but about the V. D. centre also, since, majority of them professed ignorance regarding the disease. It was found that majority of them that is 50% came to know through other medical institutions, e. g. hospitals, dispensaries etc; 19% knew through propaganda and 14% through friends (Table No. 3).

It is interesting that majority of respondents 67 out of 87 who professed having no knowledge about the disease, had a history of repeated infection and were hesitant to affirm their knowledge about V. D. They might have been reluctant also to report to the V. D. clinics after realising their first infection. Our data revealed that 40 respondents did not report to any V. D. clinic for treatment, The period during which they did not report to any clinic and the steps they took to treat their disease along with answer to the question whether they indulged in sex during this period or not, are the most significant factors from control point of view.

Out of those 40 respondents who did not report to any clinic for treatment after realising their infection 20 remained untreated for a few months, 9 about a year, while the remaining 11 did not report to any clinic for more than one year. In such cases, first of all, it would be difficult to determine whether they were actually suffering from V. D. as realised by them initially, unless they were diagnosed properly. But the fact that they ultimately reported to the clinics for treatment and were diagnosed as V. D. cases, confirmed their statement. Thus they might have transmitted the infection to their contacts if they indulged in sex during this period of non-reporting to the clinics, provided, they did not go in for private treatment. Our data indicated that out of these 40 cases 26 continued visiting women for sex during this period of non-reporting to the clinic. Regarding treatment they undertook, it was found that out of these 26 cases who continued visiting women, 15 did not go in for any treatment, five undertook treatment from private practitioners and could not be cured, which might be due to continued indulgence in sex with the same or different contacts, three applied self treatment as suggested by friends, such as, taking some sulpha drugs orally, application of ointments etc; in the case of remaining three the treatment was 'tantric' recitation of some mantras advised by some sadhus; which is highly irrational.

* T. R. Seth. "Social Aetiology of V. D. Incidence under publication. Only 80 respondents ad more than one partner.

CONCLUSION

This study has confirmed the significance of Health Education in V. D. which seems to be lacking to a great extent. If the individuals are made conscious of the sources, dangers and symptoms of V. D. well in time during their teens, since majority of them are getting initial infections at a relatively early age,* it might restrain them to indulge into such acts as are responsible for transmission of disease.

TABLE No. 1
Diseasewise distribution of patients.

Disease	Percentage
Syphilis Primary	20
Syphilis Secondary	3
Syphilis Latent (Early and Late)	11
Syphilis Late	3
Gonorrhoea	36%
Chancroid	27%
Total	100

TABLE No. 2
Number of visits to V. D. Clinics with fresh-infection

Categories	Once only	Twice	Three Times	Four times and above	Total
Who did not know about V. D.	20	40	15	12	87
Who knew about V. D.	6	5	1	1	13
Total	26	45	16	13	100

TABLE No. 3
Sources of Information about V. D. Centre

S. No.	Sources	Percentage
1.	C. G. H. S. Dispensaries, hospitals, Clinics etc.	60%
2.	Friends	14%
3.	Self through propaganda	19%
4.	Colleagues	2%
5.	Relatives	5%
Total		100

As the sources of information about disease as well as clinics were mainly dispensaries and hospitals, it would be beneficial if some health educator units were attached with those organisations to disseminate preliminary information about disease to all the suspected cases. This could be done through medical social workers already attached to hospitals or health educators working under national programmes. The preliminary information provided here could be strengthened with detailed knowledge at the V. D. clinics.

Another objective of health education should be to emphasise the importance of reporting to the clinics, immediately after realising their infection, and dangers of sexual indulgence unless completely cured. The later part seems to be highly imposing, and might need enactment of social legislation and or imposition of indirect social sanctions, provided the choice is left with the medical institutions and the policy making and implementing bodies only. But, since the major factor is the individuals' willingness, especially in V. D. which involves most personal inter-relations, health education stands better chances than legislation. Moreover, our experience in other fields of legislation e. g. raising age at marriage, dowry system, etc, clearly indicated that unless the populace is thoroughly educated and proper ground is prepared for the acceptance of these sanctions the objectives cannot be achieved.

* T. R. Seth. "Socio-Physical factors and Incidence of V. D.," and "Social Aetiology of V. D. Incidence" both under publication.

The author acknowledges his deep gratitude to the Medical Superintendent Safdarjang Hospital, New Delhi for his permission to publish this paper. His acknowledgments are also due to Messrs. S. S. Narang pathologist, N. C. Bhargava, Venereologist (both from V. D. T. C.) and C. Rajagoplan Asstt. professor Humanities, Indian Institute of Technology, Hauz Khas, New Delhi for their valued criticism through out the preparation of this paper.

* T. R. Seth "Social Social Aetiology of V. D. Incidence" under publication.

Received for publication on 11-6-1969.
