PSYCHO SOCIAL ASPECTS OF VENEREAL DISEASE IN FIFTY YOUNG GIRLS

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Summary

Fifty girls aged between 14 and 20 years and suffering from Venereal Diseases have been prospectively studied and analysed with respect to age, marital status, religion, education, economic status, occupation, neurotic traits, intelligence and personality, maturity and psychiatric illness. The results are discussed with relevant references.

KEY WORDS: Venereal diseases, behaviour problem

Introduction

The teenager of today is more promiscuous than the teenager of a quarter of century ago [1,2,3].

Available information indicate that venereal diseases, especially syphilis and gonorrhoea are widespread, remain uncontrolled, and pose one of the most challenging health problems in many parts of the world today[4,5]. Among communicable diseases in India, venereal diseases constitute a major problem, next only to malaria and tuberculosis. Every year 26.5 million fresh cases are reported which means an incidence of 5%. According to W. H. O. report, Bombay ranks among the ten cities of the world that are most highly affected.

The present world-wide increase of venereal infections have taken place during a period when physicians and health authorities have at their disposal, diagnostic and therapeutic remedies for venereal diseases of an efficiency never known before. The failure to control the spread of venereal disease is because the element of human behaviour has not been given due recognition and the social and psychological aspects of human behaviour has been unfortunately ignored. The present clinical study was undertaken to investigate the dynamics of various psycho social factors which affect and contribute to venereal diseases in young girls between the ages of 14 to 20 years.

Material

The material consisted of fifty young girls between fourteen to twenty years suffering from venereal diseases. These patients were studied at the Municipal V. D. clinic at Central Bombay, during a selected period of six months. The cases were referred by Venereologists attached to V. D. clinics. The diagnosis was made on the basis of clinical features and/or laboratory data.

Method

The fifty selected patients were interviewed separately in strict privacy.

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Received for publication on 18—10—1982

The time taken for each interview was about one hour. Several such interviews were held to collect detailed psychosocial data. The interview was based on a special proforma designed to study the psycho-social aspects of venereal disease in adolescent girls. In the case of married patients, the husbands were also interviewed.

The findings were then subjected to analysis and whenever necessary and possible statistically evaluated.

TABLE 1

Age and Marital Status

Ages	Married Girls	Unmarried Girls
14—15 years	1	1
16—17 years	5	0
18—19 years	14	0
20 years	21	8
Total	41	9

Age and Marital Status

Among the fifty girls seen, fortyone were married and nine were unmarried. The average age of marriage in India is 16.2 years[6]. The average age of the married and unmarried girls was 16.52 years and 18.33 years respectively.

Promiscuity has shown a 33% rise in adolescents. Blaunt et al[7] and Stern et al[8] reported increasing sex related problems from 13 years onwards to its peak by the age of 16 years. The W. H. O. has stated that due to a larger youth component of the world population, there is a greater prevalence of sexually transmitted disease in them.

In the present study 33 married girls (85.36%) and 8 unmarried girls (88.88%) were between 18-20 years.

A successful marriage normally protects the married couples from venereal diseases. As early marriage is common in our country, the incidence of V.D. may be expected to be low among the adolescent married girls. The present study however has revealed a very high incidence (82%) in the married group showing that marriage failed to protect them from VD and indicating some underlying problem, related to marriage.

Religion

The greater the degree of religious adherence, the lesser are the chances of the person contracting V.D. Christians are conspicuous by their absence in the married group. This is statistically significant ($P < .05$). Probably christian girls get married late or their religion in someway is responsible for the low VD rate. In comparison with the Greater Bombay Census, there are more married Muslim girls afflicted with VD than unmarried girls. This is also statistically significant ($P < 0.5$). This significant observation may be explained on the basis of significant problems encountered in the lives of the married muslim group, three of the husbands were fond of visiting

TABLE 2

Religion

Religious Status	Married		No. of cases	Unmarried Percentage	Bombay census Percentage
	No. of cases	Percentage			
Hindu	31	75.6	7	77.7	77.8
Muslims	10	24.4	1	11.1	13.7
Christian	—	—	—	11.1	7.0
Others	—	—	—	—	1.4

prostitutes regularly. Two of them were alcoholics. One was keeping a mistress and two were staying away from their wives.

indulged to ward off loneliness or it may be a defence arising in a strange environment causing social maladjustments.

TABLE 3
Education

Education	No. of cases	Married %	No. of cases	Unmarried %	% in Bombay census
Illiterate	20	48.7	3	33.3	43.5
Primary	18	43.9	4	44.4	46.8
Secondary	2	4.8	1	11.1	7.9
College	1	2.4	1	11.1	1.8

Education

Majority of the girls were illiterate. About 44% of them had completed seven years of schooling. Very few had passed their matriculation and hardly one or two had gone to college. These findings are in agreement with studies carried out by Ekstrom[5] and Kinsey[10] who also correlated a high incidence of VD with low educational status. Perhaps this observation may be explained on the basis of ignorance and poor personal hygiene.

TABLE 4
Status in Bombay

Status	Married		Unmarried	
	No. of cases	%	No. of cases	%
Local	15	36.3	2	22.2
Migrant	26	63.6	7	77.7

Status in Bombay

Majority of the girls had recently migrated to Bombay. Bombay being an industrial city, there is increasing urbanization and migration of people to the city from the villages. Hall[11] has reported a high incidence of VD with increasing urbanization and population mobility. The W.H.O.[12] report and British cooperative clinical group[13] have also reported a high incidence of VD in migrants. This increased incidence of VD in migrants may be due to the removal of the restraining influences of parents and family life. Further sexual promiscuity may be

Occupation

Majority of the married girls were house-wives, four of the girls were prostitutes and others were employed as clerks, labourers, domestic servants, basket weavers, beedi workers etc. In comparison with the Greater Bombay census, there were more working unmarried girls than married girls. (Statistically significant – $P < 0.5$). Another striking observation was that more unmarried working girls had VD than married working girls (Statistically significant $P < 0.5$). Kinsey reported 5-10 times more incidence among labourers and semi-skilled workers.

Neurotic traits

The presence of neurotic traits in an individual indicates the existence of emotional problems since childhood. The distribution of neurotic traits is shown in Table 6. In most cases more than one neurotic trait was present. In the present study the average number of neurotic traits was 1.4 among married girls and 4 among unmarried girls indicating more neurotic personalities in unmarried group.

According to Glass[14] and Wells[15] neurotic traits are common among VD patients. Our findings are in agreement with this. It is generally assumed that neurotic tendencies may lead to promiscuous sexual behaviour.

Neuroticism certainly is one of the possible mechanisms of coping with

TABLE 5
Occupational Status

Occupation	Married		Unmarried		Bombay census Percentage
	No. of cases	Percentage	No. of cases	Percentage	
House-Wife	35	85.3	—	—	
Service	6	14.6	7	77.7	7.6
Unemployed	—	—	2	22.2	92.3

TABLE 6 (a)

Neurotic Traits	Married	Unmarried
Present	27	5
Absent	14	4

neurotic anxiety, but on the other hand, neurotic tendencies may evoke the reverse effect. The neurotic individual who is unable to overcome sexual inhibitions and avoids sexual contacts is less prone to contact V.D. The way in which an individual copes with his neurotic problem depends upon his cultural background. It is quite possible that the neuroticism may more frequently lead to promiscuity in a permissive society. In the study carried out by Kelas[16] neurotic tendencies were absent among VD patients.

Personality and intelligence

Wells[15] in a personality study of VD patients, reported that female VD patients are more introverted and neurotic than the normal population. Further in cases where the woman is infected by her husband, her personality is a picture of very high psychoticism and neuroticism with a marked degree of introversion. This observation is in agreement with the present study. As shown in the Table 6 (b) majority of the patients belonged to the neurotic group. Among these, hysterical, inadequate and anxious personalities are encountered.

Mentally subnormal girls are more prone to contact venereal diseases than their normal counterparts, as they are easily suggestible, easily deceived and incapable of proper judgment. In the present study only one girl (unmarried) was mentally subnormal. Such a low incidence may be accounted for in the group studied where all patients had reported voluntarily for treatment. Palmgreen[17] in his study observed that

TABLE 6 (b)
Neurotic Traits

Neurotic traits	No. in which present		% in which present	
	Married	Unmarried	Married	Unmarried
Temper tantrum	7	2	17.0	22.2
Nail biting	3	—	7.3	—
Thumb sucking	1	2	2.4	22.2
Bed wetting	3	4	7.3	44.4
Night Mares	10	1	24.3	11.1
Sleep walking	1	—	2.4	—
Pica	3	1	7.3	11.1
Stammering	1	1	2.4	11.1
Foodfadism	1	2	2.4	22.2
Lying	5	1	12.1	11.1
Stealing	2	1	4.8	11.1
Truancy	1	—	2.4	—

the material was dispersed over a normal curve, whereas Ekstrom[9] reported that 50% were of normal intelligence, 30% of subnormal intelligence and 8% mentally retarded.

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Personality and Intelligence

Personality	Number		%	
	Married	Un-married	Married	Un-married
Anxious	5	3	12.1	33.3
Hysterical	4	2	9.7	22.2
Obsessional	2	—	4.8	—
Inadequate	8	3	19.5	33.3
Schizoid	16	—	39.0	—
Paranoid	1	—	2.4	—
Psychopathic	4	1	9.7	11.1
Cyclothymic	1	—	2.4	—
Total	41	9		

TABLE 8

Maturity

Degree of Maturity	No. of married girls	No. of unmarried girls
Less than corresponding to age	24	8
Corresponding to age	17	1
Total	41	9

Maturity

A very marked discrepancy between physical and mental maturity was characteristic of most of the girls in the study conducted by Palmgreen[17]. Ekstrom[9] reported that half the patients were less mature than normal for their age. Pincock[18] is in agreement with the observation of the present study when he reported a high incidence of emotional immaturity among his VD patients. A higher incidence of immaturity was noted among the unmarried girls than among the married girls, but this was statistically insginificant ($P > 0.5$). The unmarried girls were more on the immature side than mature and this was statistically significant ($P < 0.5$). Maturity was evaluated in these girls by the ability to reason and be aware of consequences.

TABLE 9

Psychiatric Illness

Psychiatric Illness	Number		%	
	Married	Un-married	Married	Un-married
Anxiety state	5	3	12.1	33.3
Depression	14	1	34.1	11.1
Mental Subnormality	—	1	34.1	11.1
Total	19	5	46.3	55.5

Psychiatric Illness

It has been stated that VD patients suffered more often than the controls from problems of juvenile delinquency, alcoholism and drug addiction. Ekstrom[9] reported that a significant proportion of them had been admitted to psychiatric wards for mental subnormality, attempted suicide, character abnormalities and behavioural difficulties. The present study also revealed a high incidence of psychiatric illness, 46.34% in married girls and 55.55% in unmarried girls. The most common psychiatric abnormality was depression followed by anxiety state and mental subnormality.

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Vol. 48, No. 4 Page 238. In Letter to the Editor please read as names of authors,

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