

## SEXUALLY TRANSMITTED DISEASES IN CHILDREN

O. P. SINGH,\* N. C. BHARGAVA † AND N. L. JAISAL ‡

**Summary**

A decennial study (1966 to 1975) was undertaken to assess the incidence of sexually transmitted diseases in children, upto the age of 12 years. There were only 135 (0.62%) children, out of 21,550 patients registered in a V.D. clinic, who were found to be suffering from sexually transmitted diseases. Number of female children (93) was more than twice the number of male children (42). Syphilis was seen in 34.8% and gonorrhoea in 25.1% of cases. Venereally acquired non-specific vulvo-vaginitis was seen in 23.4% of cases. Other S.T.D. were seen occasionally. It was observed that 49 patients acquired infection from their older playmates, 25 patients from their parents and 21 patients from a neighbour, relative or baby sitter.

Sexually transmitted diseases in children are transmitted either sexually (e.g. attempted intercourse, rape, pederasty) or non-sexually (e.g. during pregnancy, delivery, kissing or handling). In infancy and childhood, though the incidence of sexually transmitted diseases is low, it is by no means unknown<sup>1</sup>. During the period of illusory eradication of sexually transmitted diseases with antibiotics, the subject of venereal diseases in infants and children was assumed to have disappeared from the medical purview and the profession has become ignorant about it. Soon the medical profession, social reformer and public learned salutary lesson that the availability of effective treatment alone is not sufficient to control venereal diseases<sup>2</sup> which continue to show a rising trend all over the world<sup>3</sup>. The present study was undertaken to assess the impact of the rising trend of sexually transmitted diseases in children.

\* Lecturer, Dermato-venereology, All India Institute of Medical Sciences, New Delhi

† Venereologist.

‡ Health Educator,

V.D. Centre, Safdarjang Hospital, New Delhi

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**Material and Methods**

A decennial study (1966 to 1975) was undertaken at the V. D. Training and Demonstration Centre, Safdarjang Hospital, New Delhi. All patients upto 12 years of age attending the venereal diseases clinic were registered for the present study and clinically examined. Diagnosis of syphilis, gonorrhoea, chancroid, granuloma venereum, or non-gonococcal urethritis, were made on the basis of clinical findings and/or laboratory investigations like VDRL test smear and culture examinations etc. The viral conditions like lymphogranuloma venereum, herpes genitalis, venereal warts and non-specific urethritis as well as other non-specific conditions like balanoposthitis and vulvo-vaginitis were diagnosed largely on clinical grounds and by the process of exclusion. Parents of all the children were also examined for the presence of sexually transmitted diseases. All cases were referred to a health educator to assess the possible mode of infection.

**Results and Observations**

During the period 1966 to 1975, a total of 21,550 patients were found to be having sexually transmitted

diseases (S. T. D). Among these 135 (0.62%) were children; 42 of them being (31.11%) males and 93 (68.89%) females. Maximum number of cases had syphilis (34.81%) which was followed by gonorrhoea in (25.19%). Venereally acquired non-specific vulvo-vaginitis was seen in 23.4% of female children. Other S. T. D. were seen occasionally (Table 1). Prenatal syphilis was observed in 23 children and

25 had the infection from parents (23 prenatal syphilis + 1 gonococcal ophthalmia neonatorum + 1 acquired syphilis), 18 from neighbours, 3 from baby sitters, 14 from casual acquaintances and 49 from friends (Table 3). Female children were the usual victims.

TABLE 1  
Distribution of Sexually Transmitted Diseases in Children

Disease	0 to 6 Yrs		7 to 12 Yrs		Total
	M	F	M	F	
Syphilis	7	2	16	22	47
Gonorrhoea	1	5	4	24	34
Chancroid	0	0	2	1	3
Lymphogranuloma Venereum	0	0	0	1	1
Granuloma Venereum	0	0	0	0	0
Non-gonococcal Urethritis	0	0	1	5	6
Herpes Genitalis	0	0	1	0	1
Venereal Wart	0	0	1	1	2
Balano-posthitis	0	—	9	—	9
vulvo-vaginitis	—	1	—	31	32
Total	8	8	34	85	135

TABLE 2  
Distribution of Syphilis in Children

Category	0 to 6 Yrs		7 to 12 Yrs		Total
	M	F	M	F	
A. Prenatal Syphilis	7	2	6	8	23
1. Early	6	2	—	—	8
2. Latent	1	0	2	2	5
3. Late	0	0	4	6	10
B. Acquired Syphilis	0	0	10	14	24
1. Primary	0	0	1	1	2
2. Secondary	0	0	7	8	15
3. Latent	0	0	1	3	4
4. Late	0	0	1	2	3
Total	14	4	32	44	94

acquired syphilis in 24 children (Table 2). Mode of infection could be explained in 109 (80.7%) cases, of which

TABLE 3  
Source of Infection

Category	0 to 6 Yrs		7 to 12 Yrs		Total
	M	F	M	F	
Parent	8	2	6	9	25
Friend	0	2	13	34	49
Casual acquaintance	0	0	4	10	14
Neighbour	0	1	3	8	12
Relative	0	0	1	5	6
Baby sitter	0	3	0	0	3
Unknown	0	0	7	19	26
Total	8	8	34	85	135

Discussion

Sexually transmitted diseases are rampant all over the world, even though they are amenable to treatment. These diseases are basically behavioural diseases and their rising trend is related to sexual laxity, promiscuity and perversions amongst adults and adolescents phenomena which may affect children directly (sexually) or indirectly (during pregnancy, delivery and handling). The present study revealed that incidence of sexually transmitted diseases in children was low being seen in only 135 (0.62%) showing a relatively low percentage. Maximum number of cases were of syphilis of which 23 out of 47 had prenatal syphilis. At times it was difficult to determine whether the cases of latent and late syphilis in children belonged to the prenatal or acquired type. In the present study the categorisation was made on the basis of history, clinical examination and serological test for syphilis of the mother. Sexual exposure or genital manipulation was the cause of gonococcal infection in most of the cases

except in one which acquired gonococcal ophthalmia neonatarum during delivery. Amongst the cases with non-gonococcal urethritis trichomonas vaginalis was demonstrated in five female children. Other sexually transmitted diseases were infrequent in children. It is to be noted that chancroid which is fairly common (29%) among adult patients in India<sup>4</sup> was seen in only 2.2% children with S. T. D. Other sexually transmitted diseases could be seen to be fairly common among children were non-specific balanoposthitis (9 cases) and vulvovaginitis (32 cases). These could be attributed to sexual exposure.

Only 25 out of 135 children acquired the disease from a parent who was found to have the infectious stage of the same disease at the same time. It was observed that sexually transmitted diseases acquired by sexual contact was at least twice as common in girls, who were the objects of sexual assault by older playmates or adults. One contributory factor towards this may be based on the old superstition that sexually transmitted disease in a man can be cured by intercourse with a

virgin<sup>5</sup>. Usual mode of infection was genito-genital contact (heterosexual) and ano-genital contact (heterosexual and/or homosexual). Orogenital contact, mentioned in the literature<sup>6</sup> was not seen in any of the cases. Seventeen male children acquired the disease and were probably active agents. Five among these have acted as active and passive agents during sex play with their playmates.

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