

ORIGINAL ARTICLE

PERCEPTION OF HEALTHCARE PROVIDERS ABOUT SEXUALLY TRANSMITTED INFECTIONS

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Background: Sexually transmitted infections represent a global health problem leading to social stigma and early morbidity and mortality. Prior to this study, different health care providers were dealing with sexually transmitted infections with various parameters and were not following the standard regime given by the WHO. The aim of this study was to investigate the perception of health care providers about sexually transmitted infections and its treatment guidelines. **Methods:** Cross-sectional questionnaire based study was conducted from health care providers (specialists, family physicians, homeopaths and others) of Lahore from Jan 2014 to December 2014. Data was collected with consent through convenience purposive sampling of randomly selected 100 specialists, 200 family physicians, 100 homeopaths and 100 others. Trained investigators pre-tested the validity and reliability of the questionnaire before use. Data of response was coded, entered and analyzed using SPSS. **Results:** Out of 500 practitioners 475 (95%) completed the questionnaire. Those excluded were due to insufficient data in questionnaire. Almost all respondents were aware of STIs and the guidelines and claimed to have decent knowledge. Apart from some disagreement on the user-friendliness and communication facilitating properties, the healthcare provider's attitude were positive. **Conclusion:** Overall, all the healthcare providers knew about sexually transmitted infections. It was the treatment according to the guidelines, in which they differed. Specialists and Family physician in Lahore, Pakistan knew and followed the STIs guidelines while managing the patients. Homeopaths and others were receiving patients and treating most of these infections but were not aware of the standard guidelines yet somehow their patients were treated and satisfied. Enhancing the familiarity of the guidelines among users can result in a positive outcome on the treatment of STIs.

Keywords: Sexually Transmitted Infections, Family Physicians, Homeopathic, STI treatment guidelines

Pak J Physiol 2015;11(2):22-3

INTRODUCTION

Sexually transmitted infections (STIs) commonly spread by sexual intercourse. Signs and symptoms include vaginal discharge, penile discharge, ulcers on or around the genitals, and pelvic pain. STIs acquired before or during birth may result in poor outcomes for the baby. Some STIs may cause problems with the ability to get pregnant. More than 30 different bacteria, viruses, and parasites can cause STIs. Bacterial STIs include chlamydia, gonorrhea, and syphilis among others. Viral STIs include genital herpes, HIV/AIDS, and genital warts among others. Parasitic STIs include trichomoniasis among others. While usually spread by sex, some STIs can also be spread by non-sexual contact with contaminated blood and tissues, breastfeeding, or during childbirth. STIs are among the most common causes of illness in the world and have far reaching health, social and economic consequences.^{1,2} Although the course of many of these STIs is benign even without treatment, some infections may lead to long-term sequel, including pelvic inflammatory disease, infertility and cervical cancer. Their epidemiological profile varies with geography and depends upon ethnic, demographic, social and economic factors.³⁻⁵ Lahore is the capital city of the Pakistani province of Punjab, the second largest

metropolitan area in the country and an important historical centre in South Asia. With a rich history dating back over a millennium, Lahore is a main cultural centre of Punjab region. Although it has a population of over 10,000,000 people, it remains an economic, political, transportation, entertainment, and educational hub. It also has a red light area where unhealthy sex workers transmit STI.⁶ The most effective advice in prevention of STIs is abstinence from unsafe sex, use of condoms, reduction in number of sex partners and in long-term single relationship. Primary prevention aims to prevent the acquisition of infection in the general population while secondary prevention includes the provision of treatment and care for infected persons which is administered to the patients by healthcare providers in accordance to the guidelines of STIs.⁷

MATERIAL AND METHODS

A cross-sectional survey was conducted to document perception of STI in healthcare personnel in Lahore. The study was conducted from January to December 2014. Data was collected through pre-tested questionnaire to 500 randomly selected specialists, family physicians, homeopaths and others. Data of responses were coded and analysed using SPSS-17.

RESULTS

Out of 500 general practitioners 475 (95%) completed the questionnaire. Those excluded were due to insufficient data in questionnaire. Majority of healthcare providers knew about STI, prevention, and treatment. Almost all respondents were aware of STIs and the guidelines, and claimed to have recent knowledge. Apart from some disagreement on the user-friendliness and communication facilitating properties, the healthcare providers' attitude was positive. Overall, all the healthcare providers knew about sexually transmitted infections. It was the treatment according to the guidelines in which they differed. Specialists and family physician in Lahore, knew and followed the STIs guidelines while managing the patients. Homeopaths and others were receiving patients and treating most of these infections but were not aware of the standard guidelines, yet somehow their patients were treated and satisfied. Enhancing the familiarity of the guidelines among users can result in a positive outcome on the treatment of STIs. Enhancing the familiarity of the guidelines among users may result in a more positive attitude towards them and a higher frequency of use. Table-1 shows the perception/knowledge of STI among healthcare providers.

Table-1: Perception of STI among healthcare providers (%)

Category	Yes	No	Don't Know
Specialists	67	23	10
Family physicians	89	8	3
Homeopaths	43	37	20
Others	52	23	25

DISCUSSION

Pakistan is a Muslim country where knowledge regarding STIs is poor. Surveillance arrangements are limited and frequently ignored, with the result that the true incidence of STIs is unknown. The healthcare providers are aware of the sexually transmitted diseases and specialists, family physicians follow STI treatment guidelines that they keep themselves updated through discussions, workshops or internet. The homeopaths have different names of sexually transmitted infections individually and they treat them according to their own treatment standards. Others like hakeems, alternative medicine practitioners and natural/ herbal remedies have sense about sexually transmitted diseases and their own treatment strategies that are not WHO guidelines yet patient satisfaction was observed. It, in all, stated that there was perception of sexually transmitted diseases and treatment plans that all rendered to their patient who

was not only satisfied with it but came for follow up.

Even though, modern diagnostic techniques are not widely deployed, and there is little standardization of medical arrangements, prompt STI detection, prevention and STI-related counselling in STI clinics for vulnerable groups, as well as educational interventions can help in treatment in Lahore.

While satisfactory perception of STI was their among health providers further strategies in following treatment plan can be sought through integrated approach for creating better perception of sexually transmitted infections in health care providers. Knowledge and awareness to control the spread of sexual health problems among young people must be addressed by healthcare providers.

Appropriate preventive measures are essential and should be of highest priority because of the potential of such infections to spread particularly at a young fertile age. This raises the necessity to conduct further studies to implement STI guidelines among all healthcare providers as they are in fact treating the sexually transmitted infections even though perception of STIs is present in all.

CONCLUSION

Specialists and family physicians in Lahore seem to know and follow the STIs guidelines while managing the patients. Homeopaths and others were having a good work load but perceived STIs in a different manner yet patient satisfaction pertaining to treatment was seen. Enhancing the familiarity of the guidelines among healthcare providers can result in a more positive outcome on the treatment of STIs. Initiation of national health-education campaign can help in better perception of healthcare providers about STIs.

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