

# SEXUALLY TRANSMITTED DISEASES: THE INDIAN SCENARIO

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**Abstract :** Sexually Transmitted Diseases (STDs) constitute one of the major health problems in the society in this HIV era; it is important to know about the epidemiologic aspect of various common STDs. Most of the epidemiological studies published before and after HIV era constitute the study material commonly seen STDs included syphilis, chancroid, genital herpes, genital warts, gonorrhoea. Syphilis and chancroid are the commonest both in the pre and post HIV era but genital herpes has emerged as commonest STD in post HIV era. Sexually Transmitted Diseases are responsible for transmission of HIV in 76% cases; and this can be prevented by early diagnosis and treatment of STDs and use of condoms.

**Keywords:** sexually transmitted diseases, Indian scenario, genital herpes & condoms

## INTRODUCTION

Sexually Transmitted Diseases (STDs) constitute one of the major health problems in the developing countries like India. Incidence of sexually transmitted diseases (STDs) in a particular part of the country is not only influenced by cultural back-ground but also by the sex education, occupation, socio economic status, urbanization, migration of the people for want of job, environmental factors. Several studies are available in which wide variations are seen in the pattern of STDs.

Although various epidemiological studies have been published from different parts of India on STDs but there is no study to show the pre and post HIV scenario of STDs. The present study was aimed to analyze the various reports from the community so as to highlight this aspect in India.

## MATERIAL AND METHODS

Several epidemiologic studies published before HIV era i.e. 1986 and present era (post HIV) were reviewed and constituted the study material.

## RESULTS

Out of the various studies reviewed, the following observations were made: Gupta et al<sup>1</sup> reported 87.87% incidence of STDs in males and 12.13% in females, 65.75% were in 20-30 age group; syphilis (24.91%) and genital warts (21.54%) showed maximum preponderance. Majumdar & Saha<sup>2</sup> reported maximum incidence of chancroid (30.76%) of all STDs from Calcutta; Mehta and Jaiswal<sup>3</sup> reported 87% preponderance of STDs in males as compared to 13% in females, in their study candida infection was commonest (43%) followed by Herpes progenitalis (21%). Jaiswal and Gurmail Singh<sup>4</sup> from J&K reported 78.25% incidence in 22-30 years age group; chancroid (28.77%) was the commonest STD followed by syphilis(28.7%). Ranganayakulu<sup>5</sup> from Karnool showed maximum incidence of non-specific urethritis in 19.05% followed by Gonorrhoea in 16.16%. Ganesh<sup>6</sup> from Madurai reported maximum number of AIDs patients in 20-38 years of age group with male preponderance and urban back-ground; most of these patients were unmarried and illiterate. Grover et al<sup>7</sup> from Delhi reported maximum number of STD patients in 15-24 years of age group with male preponderance but large number of cases were in married

population. There was awareness about the use of condom for prevention of STD but only 2% used it. Maniar<sup>8</sup> from Bombay showed following presenting features of HIV/AIDS: weight loss (88%); TB (83.4%); Addisonian pigmentation (80.5%); oral candidiasis (75.5%); PUO(65%); lymphadenopathy (61.5%); herpes zoster (47.5%); HSV (36%); chronic cough (35.5%); anemia (35%); STDs (28%); neurological disorder (27%); recurrent diarrhea (21.5%); extragenital molluscum (17%); seborrhoeic dermatitis (15%); scabies (14%); tinea (13.5%); pyoderma (12%); Reiter's syndrome(7%); leg ulcer (3%); purpura (ITP) (2.5%); acute abdomen (1.0%); malignancies (0.5%); Kaposi's sarcoma (0.1%); The following table compares the clinical proposal of HIV/AIDS patients in two different regions of India. (Mumbai & Madurai)

**Table :** Clinical Profile of HIV/AIDS Patients

Ganesh (Madurai 1999)	Maniar (1999) Marfatia (2004)
weight loss (95%)	Fever (67%)
Recurrent fever (50%)	weight loss (95%)
Diarrhoea (36%)	Diarrhea (35%)
Pulmonary tuberculosis (18%)	Oesophcandidiasis (95%)
CNS sign (16%)	Pulmonary tuberculosis (18%)
Non tubercular	Pruritic dermatosis (13.8%)
respiratory disease (16%)	
Pruritic dermatosis (15%)	PCP (13%)
Persistent	Extra pulmonary
lymphadenopathy (9%)	tuberculosis (12.3%)
Oral hairy leucoplakia (7%)	Oral hairy leucoplakia (4.6%)
Hepato magaly (6%)	
Oropharyngeal	
candiasis(4%)	
Extra pulmonary	
tuberculosis (4%)	
Retinal changes(4%)	
Malignancy(2%)	
Renal diseases (2%)	

**Opportunistic infections** included tuberculosis (92%); candidiasis (78.5%); varicella zoster(62%); HSV (52%); OHL (42.5%); infective diarrhea (34.5%); scabies(25.0%); bacterial (22.5%); tinea(18.5%); cryptococcal (16.5%); toxoplamosis(11.5%); PCP(3.5%); CMV (2.5%); histoplamosis (0.05%);

Saple<sup>9</sup> from Bombay reported most of HIV transmission in

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