STD in the Central Province of Sri Lanka , Are Commercial sex workers responsible?

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Abstract

Statistics of the National STD/AIDS Control Programme, Sri Lanka, show that a higher number of males are at risk of getting STI than females. At the moment there is only limited information on the sexual partners of patients with STI. This information is much needed in this era as it would be helpful in planning intervention programs to modify behaviour. Keeping this in mind we conducted a study among all newly registered patients who attended STD clinic, Katugasthota in the first 6 months of the year 2000. The objectives of the study were to determine the type of sexual partners of males attending STD clinic, Katugasthota, the safer sex practices. The study design was a retrospective clinic based descriptive study.

More males (50.3%) admitted having sexual exposures with local females as casual partners. The number who admitted having sexual exposure with commercial sex worker (CSW) (19.5%) was much less than expected. Of the sample 65.8% were diagnosed as having STD. Ninety three percent of the male attendees did not use condoms. Among males who had gonococcal infection, 54.5% had acquired it through casual partners while only 31.7% had acquired it through CSW. More males who had sex with casual contacts had syphilis (56.1% vs. 34.1%), NGU (53.9% vs. 30.2%) and Genital Herpes infection (47.6% vs. 22.2%) than the males who admitted sex with CSW.

The study findings reveals a very high level of unprotected sex in this group. Last sexual partner was mostly a casual local female partner. In awareness campaigns, the prevention message should be clear and people should understand that irrespective of the partner they have to always practice safe sex.

Text

Introduction

Statistics of the STD/AIDS Control Programme show that a higher number of males are diagnosed with STI than females. It is important to know through whom these males

contract the diseases(1). Often CSW are identified as vectors of STI pathogens and are wrongly blamed(2). However, any community can have a reservoir of STI among undiagnosed women and men in that community. At the moment there is only limited information on the sexual partners of patients with STI. This information is much needed in this era as it would be helpful in planning intervention programs to modify behaviour(3). Keeping this in mind we conducted a study among all newly registered patients who attended STD clinic, Katugasthota in the first 6 months of the year 2000.

The objectives of the study were to determine the type of sexual partners of males attending STD clinic, Katugasthota, the safer sex practices and the relationship between the type of partner and socio demographic characteristics of the same target group.

Method

The study design was a retrospective clinic based descriptive study. The study was conducted at the STD clinic Katugasthota which was the only full time STD clinic in the Central Province. Study population consisted of all newly registered males at the STD clinic, Katugasthota during the first 6 months of the year 2000.

Data was collected by going through individual patients file records. The data collected included age, occupation, district of residence, marital status, and details about the last sexual exposure, type of partner and condom use during the last sexual exposure. Last partner was grouped into marital partner, stable partner or girl friend, CSW and casual partner. CSW was defined as the person who provided sexual favours for a fee. Casual partner was a person who had no previous contact with the person but who provided sexual services for no favours, monetary or otherwise. Data was collected in to a summary table first then categorized into different frequency tables. The STI which were probably contracted following the last sexual exposure, were considered when assessing the incidence of STI in this population.

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Results

Four hundred and eighty males had attended STD clinic as newly registered patients during this period. As expected, nearly 50% were in the 20-29 year age group. Thirty percent were in the 30-39 age group. About 4% of the sample were in the age group 19 or less. More people in the sample belonged to low socio economic group. One fourth of the sample was labourers and farmers. Other significant groups were drivers, traders and personnel attached to armed forces.

Table 1
Distribution according to the sexual partner

Sexual partner	No	Percentage
MP/GF	112	23.3
CSW	94	19.5
Casual(local)female	242	50.3
Casual(local)male	20	4.2
Casual(foreign)female	2	0.8
No partner	9	1.9

*marital partner(MP), girl friend(GF), CSW(commercial sex worker)

More males (54.7%) were married. Fifty percent of the sample admitted having last sexual exposure with a local casual female partner. The number who had sexual exposures with CSW was far lower than expected 94(19.5%). Four percent had last exposure with a casual local male partner. About one fourth of the sample had last contact with their marital partner or girl friend.

Table 2
Distribution of last sexual partner by the marital status of the patient

Last partner	Married No.(%)	Unmarried No.(%)
MP/GF	99(37.6)	13(5.9)
CSW	29(11.0)	65(29.8)
Casual(local)female	127(48.3)	115(52.8)
Casual(foreign)female	2(0.8)	0(0.0)
Casual(local)male	6(2.3)	14(6.4)
No partner	0(0.0)	9(4.1)

Among the married, 127(48.3%) had contact with casual female partners while in the unmarried group the number was 115(52.8%). A difference was observed in the contacts reported with CSW. While 29(11.0%) married men had

CSW as last contact, in the unmarried group it was much higher 65(29.8%). Homosexual exposures were not uncommon and this was seen more in the unmarried group.

It was identified that younger males had more contacts with CSW. In the less than 19 years age group, 42.1% mentioned CSW as last sexual contact while in the 20-29 and 30-39 age groups it was 24.4% and 15.3% respectively. Older males had more contacts with casual partners.

In the sample 55.8% were diagnosed as having one or more sexually transmitted infections. Non gonococcal urethritis was diagnosed in 15.8% and the next highest incidence was seen for genital herpes infection. Other diagnosed STI were syphilis, gonococcal infection, genital warts, candidiasis, trichomoniasis and scabies. When the disease incidence was analysed according to the partner some interesting facts were revealed. Among males who had gonococcal infection 24(54.5%) had acquired it through casual partners while only 31.7% had acquired the infection through CSW. Higher incidence of non gonococcal urethritis (53.9% vs. 30.2%) was seen in the group who had sex with casual contacts than the group who had sex with CSW. Out of 63 who were diagnosed as having HSV, 22% admitted having sexual contacts with CSW, while nearly 50% of the sample had acquired the infection from casual female partner. About 10% had acquired genital herpes through casual male partners.

Out of 94 who admitted having sexual contact with CSW 62 (65.9%) were diagnosed as having STI. In the group who had exposure with casual partner, this was 132/243 (45.6%).

Table 3
Distribution according to condom use

Sexual partner	Condom used No.(%)	Condom not used No.(%)
Girl Friend	2(15.4)	11(84.6)
Marital Partner	2(2.3)	84(97.7)
CSW	12(13.8)	75(86.2)
Casual female	13(6.0)	203(94.0)
Casual male	00(0.0)	14(100.0)
Foreigners	00(0.0)	2(100.0)

Condom use was assessed by the use of condoms during the last sexual exposure. In the sample 93% of the male attendees did not use condoms. Of those who had

homosexual contacts none had used condoms for the last sexual exposure. In the group who used condoms 31.0% were diagnosed as having STI. In the group who did not use condoms STI diagnosis was much higher (56.8%).

Discussion

There is a need for more information on sexual partners of male patients and related factors that might influence the risk of transmission of STI. This information would be helpful in planning intervention programmes to modify behavior. This study reveals several important factors with regard to male population who are at risk of STI. The study population consisted mostly of the age group 20 – 39 yrs. More males (54.67%) were married indicating that risk behaviors among this group is not uncommon. Last sexual partner was mostly a casual local female partner. The number who had exposure with CSW was much less than expected. In the married group 11.02% admitted having sexual contact with CSW while in the unmarried group this percentage was much higher (29.81%). Similarly, unmarried group had more sexual contacts with casual male partners (6.42% vs. 2.28%).

Overall condom use was much lower than expected. The percentage who used condoms for the last sexual act was 13.79% for commercial sex workers while the percentage was much lower for casual female partners. This reveals a very high level of unprotected sex in this group. This is an area, which needs to be considered in planning programmes to modify behaviors of individuals. Further research is needed to identify issues which affect condoms use by males. Among the group who used condoms, the incidence of STI was much lower (31.0%) than in the group who did not use condoms (56.8%). The people who had STI contracted the infection mostly through exposures with casual contacts. However, we can not ignore the fact that CSW were also responsible for causing a significant number of STI in this population.

The reduction in the number having sexual contacts with CSW may be a response to messages disseminated during awareness campaigns on HIV/AIDS. In the early period of HIV epidemic we were learning from other Asian countries such as Thailand and considered CSW as the main source of infection. The specific message given in preventive programmes was not to have sex with CSW. The increase in sex contacts with casual partners may indicate a negative trend in behaviour modification. General public may be misinterpreting the messages. The concept of identifying CSW as the most important vector of STI has to be modified. In awareness campaigns, the

message should be clear, people should understand that irrespective of the type of partner they have to practice safe sex always.

Limitations

This study has few limitations. STD Clinic attendees form of a self-selecting group. Findings on this population cannot be generalized towards the whole population. Similarly findings in the Central province may be completely different from other areas. Most of the sample population belonged to the lower and lower middle social class. But the results will be useful as a significant number of people with risk behavior come from this group.

Acknowledgements

We want to express our sincere thanks to Mr. G. Upasena, PHI, STD Clinic, Katugasthota and the staff attached to the STD clinic, Katugasthota, Kandy for the support extended for this study.

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