

SITUATIONAL ANALYSIS OF STIs PERCEPTION AMONG ACADEMIC INSTITUTIONS, PUBLIC HEALTH FACILITIES AND COMMUNITIES IN ISLAMABAD

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Abstract

Present research explored and assessed the existing level of knowledge, attitudes and practices about Sexually Transmitted Infections (STIs) among selected academic institutions, public health facilities and communities of Islamabad Capital Territory, Pakistan. Research study consisted of sample of 433 individuals (219 males, 214 females) with age ranges 15 to 37. It was a qualitative explorative study incorporating semi-structured interviews and open ended questions. Participants were asked about level of knowledge regarding modes of transmission, perception about discussing them openly, myths and misconceptions about transmission, coping and treatment mechanisms, availability of services, level of satisfaction with existing services and information sharing mechanisms regarding STIs. It was found that the staff of public health facilities was neither aware of STIs nor equipped to provide any service. Students were totally unaware of the concept of STIs and teachers reported that its connotation as a taboo is a strong barrier to seek treatment or to discuss and share it with any health practitioner. Community members perceived STIs as moral and religious punishment, straight away disapproved its discussion. This researched attempted to identify the actual reasons on which respective stakeholders should work to improve the current scenario of community.

Keywords: Sexually Transmitted Infections, Perceptions

1. Introduction

Sexually transmitted infections (STIs) are major reason behind the aggravation of HIV, acute illness, infertility and other medical and psychological consequences. They are considerable burden and silent killers for developing countries. In Pakistan, against the backdrop of HIV pervasiveness, STIs have come up as a hidden public threat. Transmission of HIV is an outcome of STIs (Wasserheit, 1992; Flemming & Wasserheit, 1999; Manhart & Homes, 2006; WHO, 2006-2015). STIs directly cause morbidity and mortality (few caused direct mortality – although they account for 17% of economic losses due to ill health) (Teemmerman et al., 1992; Berkowitz & Papiernik, 1993; World Bank, 1993). The National AIDS Control Program of Pakistan (2007) has found the prevalence ratio 4.4% for one of the five STIs among in general population of six

urban cities of Pakistan. Moreover, transgender and male sex workers have reported higher rate of infections that are 60% and 36% respectively (NACP, 2004) and syphilis was present among 60% of transgender, 30% of who also had gonorrhoea in a study conducted in Karachi and Lahore (Baqi et al., 1999). On the other side, most STIs were found in women attending antenatal clinics or labor wards (NACP, 2001).

Prevention from STIs and its common pervasiveness is reliant on personal factors, such as adopting safety practices and seeking appropriate treatment mechanisms. When it comes about seeking appropriate treatment mechanisms and acquiring accurate knowledge, role of public health programs is undeniable. Unfortunately, in Pakistan, public health programs are not efficiently equipped to cope with the menace of STIs. 84% of medical care is being provided by private sector (FBS, 2008). Similarly, medical and non-medical practitioners, including traditional healers, homeopaths, quacks and some specialized STI NGO clinics are providing and distributing information and treatment facilities on STIs (NACP, 2007; Khan et al., 2009; Khan & Khan, 2010). Despite having such outlets where there is provision of assistance on STIs management, quality and accuracy of health facilitation is still doubtful (NACP, 2001, 2008; Khan et al., 2009; Khan & Khan, 2010)

As the name suggests, sexually transmitted infections (STIs) are transmitted via sexual contact. These include vaginal, anal or oral sex. Other modes may also play a role including mother to child transmission and occasionally via un-sterilized needles and injections. There is huge list of STIs, however, Human Immunodeficiency Virus (HIV), Neisseria Gonorrhoea (NG or GC – short for Gonococci), Chlamydia Trachomatis (CT), Herpes Simplex (HSV) (HSV-2), Trichomonas Vaginalis (TV), Candida Albicans, Bacterial Vaginosis (BV), Syphilis (Treponema pallidum), Human Papilloma Virus (HPV), Haemophilus Ducreyi (Chancroid) are indigenously prevalent and reportedly present in Pakistan (Rehan, 1999; NACP, 2007; Maan et al., 2011).

A baseline research conducted by our organization (IDRAK, 2015) explored and assessed the existing level of knowledge, attitudes and practices about Sexually Transmitted Infections (STIs) among selected communities of Islamabad, Pakistan. Research sample comprised of 433 individuals (219 males, 214 females) with age ranges 15 to 37. Due to cultural diversity and sensitivity of the topic, purposive sampling approach was used to collect data. All 32 public health facilities including 14 Basic Health Units, 3 Regional Health Centers, 13 Medical Centers and 2 Mobile Units were selected. 12 High Schools, 5 Universities and 16 communities in catchment area of Public Health Facilities were also selected. It was a qualitative, explorative study incorporating semi-structured interviews and open ended questions. Participants were asked about level of knowledge regarding modes of transmission, perception about discussing them openly, myths and misconceptions about transmission, coping and treatment mechanisms, availability of services, level of satisfaction with existing services and information sharing mechanisms regarding STIs. Content analysis was done in order to synthesis the results from qualitative data.

Table 1: Frequency of Selected Sample

Sample	Frequency		
	Males	Females	Total
Students	76	70	146
Teachers	16	11	27
Communities Members	109	124	233
PHFs Staff	18	09	27

Total	219	214	433
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Source: IDRAK Development Society: 2014

Baseline analysis

The baseline research (IDRAK Development Society, 2015) dealt with many variables but for the current paper we are dealing with the three that includes:

- Training of the staff of public health facilities on STIs and services available for communicable diseases,
- Teachers and Students' perception both around the modes of communicable diseases especially STIs and knowledge and
- Perception and knowledge of community member around STIs

Public health facilities' staff trainings on STIs

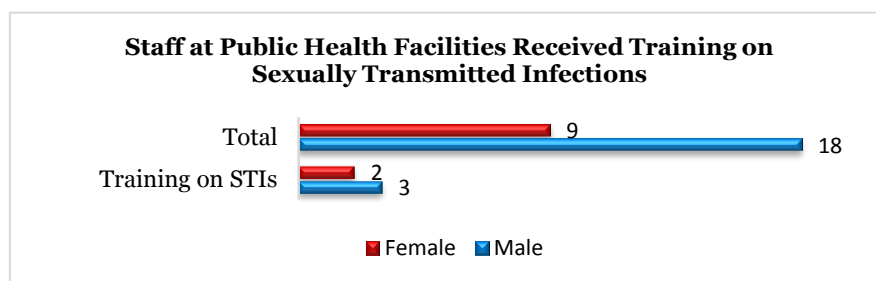


Figure 1: Staff at Public Health Facility Received Trainings on STIs

Among 9 females at 32 public health facilities, only 2 received trainings on STIs, while on the other hand, out of 18 males, only 3 received training. The rest of the staff working in public health facilities did not have any training on STIs. It is important to share that the majority of public health facility staff was unaware of what is STI and those who received training were primarily on information oriented sessions on HIV/AIDs and its prevention.

Situation of availability of services at Public Health Facilities for Communicable Diseases

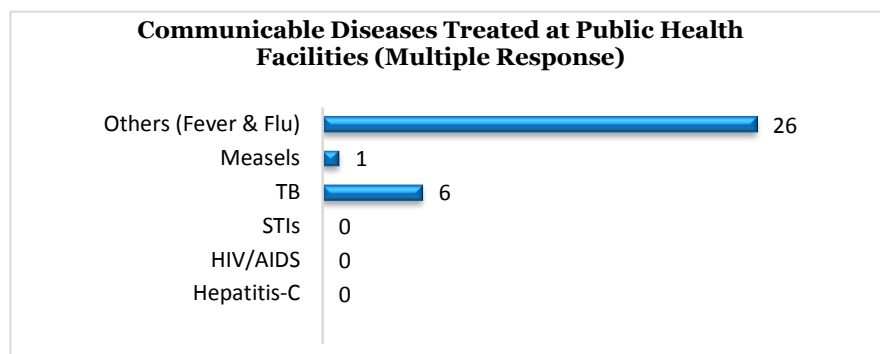


Figure 2: Situation of Availability of Services for Communicable Diseases

As per views of the staff at public health facilities, only four types of communicable diseases are being treated. All public health facilities were providing treatment of Flu and Fever. Tuberculosis (T.B) is being treated at 6 public health facilities and 1 public health facility is providing treatment of measles. The public health facilities that were treating diseases like TB and measles were not meant to provide complete treatment. They were only giving preliminary treatment in nature to the patients. None of the 32 public health facilities are providing any kind of services on STIs, HIV/AIDS and Hepatitis C.

Students’ perception and knowledge about STIs

Students above high school grade up to university have been asked about STIs and none was aware of what STIs are. Additionally, there was inaccurate and incomplete knowledge on HIV/AIDS and its modes of transmission among all 146 students.

Teachers’ perception around modes of transmission of Communicable Diseases

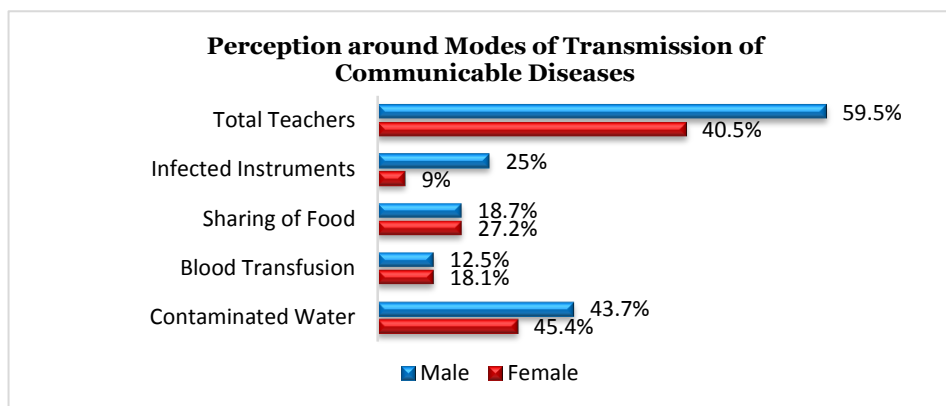


Figure 3: Teachers’ Perceptions about the Modes of Transmission of Communicable Diseases

The graph represents the perception about modes of transmission of communicable diseases. Contaminated water (myth) has been reported as a big source specifically for the transmission of Hepatitis-C. Blood transfusion and reuse of syringes was another cause of HIV/AIDS. Sharing of food (myth) with one another was also causing communicable diseases. Also, equal ratio of male and female teachers said that infected utensils (myth) and unsafe sex patterns are the cause of communicable diseases. Some of the teachers also said that unsterilized instruments of dentists are the main source and cause of communicable diseases like Hepatitis-C.

“Now a days trans-genders serve as a sex-worker, there is major chance of having disease from them, Perhaps that can be STI” (IDI, Female Teacher, Shah Allah Ditta. Islamabad). (IDRAK Baseline Report, 2015, p. 63)

Above mention quote was the only statement which entails slight element of relation of STIs as communicable diseases, but majority of the teachers rated HIV/AIDSs as communicable disease but not as STI. This exhibits an absolute lack of awareness about STIs and their modes of transmission.

Teachers' Perception about knowledge and information towards STIs

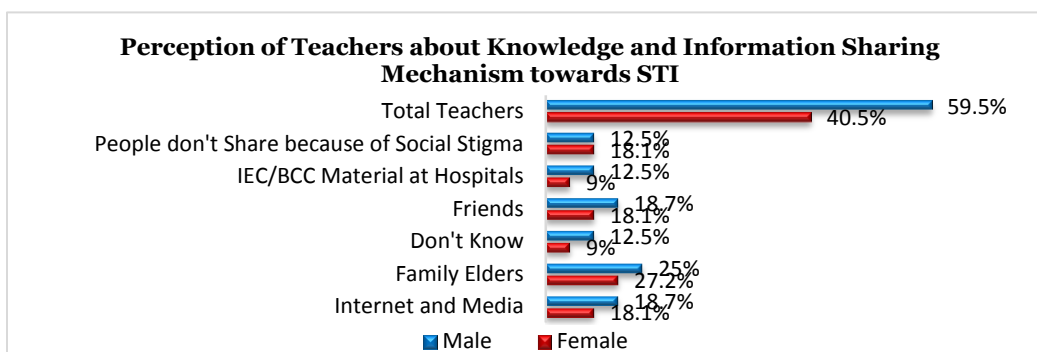


Figure 4: Teachers' Perception about Knowledge and Information Sharing Mechanism towards STIs

Both male and female teachers shared that internet and media are the main sources of information sharing as all kinds of information is easily accessible on internet especially, but accuracy of the information remains vague. Equal ratio of males and females stated that family elders of same gender are a source of information, but in extremely rare cases. Female teachers were of the view that IEC/BCC material displayed at hospitals and newspapers also provide strong impacting information.

Some of the teachers shared that they never heard about STIs and they do not know about any mechanism to share such information. A female added that people do not share such information because these issues are considered a taboo to discuss and social stigmatization is also a factor.

Predominance of wrong information was quite common among teachers, for example, one female teacher expressed that there are many STIs but all are not transferable. Male teachers said that STIs are spreading through illegal marital relationships.

Community men and women's attitude and knowledge towards STIs

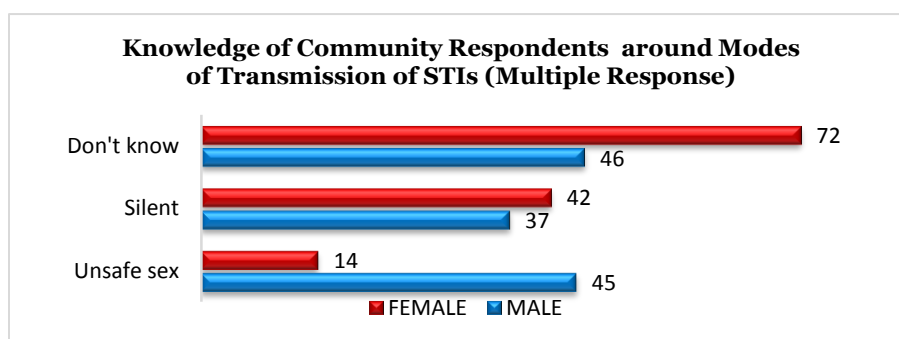


Figure 5: Perception of Community Respondents about Modes of Transmission of STIs

The male and female respondents did not openly share their knowledge around STIs. Some of them asked that whether infections can be converted into diseases. A significant number of male and female participants straight away said that they don't know anything about it. Not only females but many males also remained silent in the discussion around STIs. Some of them reported that unsafe sex causes the sexually transmitted infections. In IDRAK's Baseline report (2015) some of them shared following remarks:

"STIs are extremely shameful diseases; they spread by having (sexual) relationships with bad women (sex-workers)" (FGD, Female, Jigyot Village, Islamabad). (p. 104)

"The men who establish (sexual) relationships with more women, they have disease but I am unaware of the name of diseases" (FGD, Male, BaraKaho, Islamabad). (p. 104)

"Men bring these infections from bad women (sex-workers) and later on wives get infected from husbands, it's known as "Na-murraadBemaari" (shameful illness)" (FGD, Female, Phulgraan, Islamabad). (p. 104)

"Men's sexual relationships with bad women (Sex-workers) may cause an infection that males have pimples on their genital area, which infects their wives as well" (FGD, Female, KangtaGujran Village, Islamabad). (p. 104)

In the above quoted statements of community members, it highlights two important features, at first place people are unaware of what STI's are actually, as they are giving opinions in doubtful manner. Note in Figure 5, there is a layer by layer way of sharing information. Firstly, community members remained silent, then they have been probed in order to gain information while majority of them reported that they do not know, on further deep down questioning they highlighted some of the things which were relevant but they were not sure whether it is correct or not.

2. Discussion

The baseline found that communicable diseases, especially STIs, were considered to be a sensitive topic even to discuss. It was quite hard to communicate knowledge on STIs. The concept of taboo was so strong that it was hard to explore whether community members have inaccurate or no concept or they avoided any discussion about STIs.

It was observed that the existing knowledge was myth based and totally incorrect for example, believing that STIs are not actually communicable and have nothing to do with marital relations. Few of community members shared that sex-workers and illegal sexual relations are reasons of illness. Moreover, this perception that there is no chance of having STIs through your wife or husband provides them a state of denial that they cannot get STI. Furthermore, with the perception that STIs only transfer through illegal/extra marital sexual relation or having multiple sex partners, the outcome ailment is not any infection but religious punishment to the person, which is fair and the patient should remain in suffering. This state of self-justification was commonly found among community members, and more alarmingly, they were reluctant to share such issue with health care providers.

There have been found a vicious cycle in treatment seeking and treatment provision of STIs. Health care providers were with the stance that people do not seek any treatment so any such facilitation or training is pointless. Whereas educated community members, including teachers

and students were of the view that since there is no facilitation and information provision on public health centers, therefore, people themselves suppress their STIs related complications.

Majority of STIs treatment providers and general practitioners lacked appropriate knowledge to diagnose and treat STIs according to an acceptable standardized criterion, while the research at public health centers confirmed the absence of STIs management (Figure 1). Services provided at public health facilities were of basic nature, such as provision of aspirin or painkillers or injecting steroids to stabilize the fever like symptoms, while these aiding measures usually worsen the conditions of the ill. These factors along with the absence of counseling or partner management will likely to have serious implications for control of STIs in Pakistan.

The lack of privacy during patient encounters makes it difficult to establish the necessary rapport to effectively communicate such sensitive information with the patient. For these reasons, it is important that future strategies must look to encourage the providers, both in the public and private sectors, not to miss the window of opportunity provided by an STI symptom visit and to follow standardized counselling and appropriate management protocols in their routine practice

3. Conclusion

Care provision for STIs in Pakistan is fraught with lack of accurate knowledge, mistreatment, lack of counselling, follow-up and testing for infections. More targeted efforts are needed to effectively control STIs, including HIV. It requires systematic and procedural efforts to work on STI management. Since people are not subjected to accurate knowledge, their myth based knowledge creates two kind of barriers for them; firstly, of not discussing it and secondly not treating it, which will eventually result in more damaging situations. The mitigating steps to deal with such a blind situation needs to be taken on urgent basis. On the part of public health facilities introduction of exhaustive training sessions, workshops and seminars of health staff needs to be initiated. Whereas, community behavioral and attitudinal change promotion campaigns and provision of researched based and authentic informative and communication material can help in attitudinal change among community members and bring them near to accurate information and effective treatment.

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