

## Editorial

# Increasing trends of sexually transmitted diseases - a reality

Zafar Iqbal Sheikh, Asher Ahmed Mashhood

Department of Dermatology, Military Hospital, Rawalpindi

Sexually transmitted diseases (STDs) are major public health problem in many countries of the world. Being an Islamic state, with a strong religious influence, we expect a low rate of illegal and illegitimate sex in the country. On the contrary, the ground reality is much different. The prevalence of casual and commercial sex is on an increase. The rising trend of these diseases is true reflection of modernization, open-mindedness, film/media exposure and western influence.

The commercial sex is illegal in Pakistan, yet in larger cities like Lahore and Karachi, there are so called 'red light areas', where this activity occurs within the dance houses. At these places singing and dancing as performance art occurs as a preliminary activity to paid sex or as a cover for these houses to operate. There is little documented information on homosexual and bisexual contacts in Pakistan, but anecdotal account and newsletter articles suggest that these relationships do exist in our society but they are underreported due to religious, social and cultural reasons.

The surveys focused on commercial sex in three large cities (Karachi, Lahore, and Faisalabad) revealed that there were 100,000 sex workers and they had very limited knowledge of safe

sexual practices particularly the use of condoms. They had no awareness about the signs and symptoms of these disease and lacked treatment seeking behavior too. Both sex workers and their clients reported infrequent use of condom; less than half the female sex workers in Lahore and about a quarter in Karachi had used condoms with their last clients.

The evaluation of patients with sexually transmitted diseases showed that only 10-20% of patients give history of casual sexual contact. The significant proportion of these patients had obtained some treatment for their illness from elsewhere before consulting the specialist. The majority of these individuals often fall prey to "road-side quacks" and so-called "hakims", leading to exacerbation of their illness. The fear of humiliation, stigmatization and ignorance are underlying reasons for their careless and unhealthy behavior.

STDs have several clinical presentations, but larger proportion of individuals present either with ulcer on the genital skin or pus discharge from urethra. The diseases belonging to the former category include herpes genitalis, primary syphilis, chancroid etc. The second category includes diseases e.g. gonorrhea and chlamydial infection. In addition, genital warts, scabies and some fungal infections are also transmitted sexually. Globally the disease with the most serious concern and complications is acquired immunodeficiency syndrome (AIDS),

---

### Address for correspondence

Dr. Asher Ahmed Mashhood,  
Department of Dermatology,  
Military Hospital, Rawalpindi  
E mail: asher.mashhood@yahoo.com

which presents with fever, generalized weakness, body aches, skin rashes, lymph node enlargement, involvement of different body organs, and progressive deterioration of health over several years.

Except AIDS, all the STDs are curable, provided the patient gets an early treatment. For AIDS, highly active anti-retroviral therapy (HAART) has recently been introduced, which can prevent disease progression and prolong life expectancy.

There is no large scale study conducted in Pakistan to show the incidence and prevalence of sexually transmitted diseases. In general, STDs are underreported and underdiagnosed in this country. For example, according to the National AIDS Control Program there are about 3000 HIV positive individuals in Pakistan whereas according to the estimates of World Health Organization the number of HIV positive patients in this country is over 85000.

The most effective advice in prevention of STDs is abstinence from unsafe sex, reduction in number of sex partners and in long-term, monogamous relationship. The role of condoms in prevention of STDs/HIV is well-documented in literature and with their appropriate use significant reduction in these diseases in men and women has been reported. Persons who use condoms are 80% less likely to acquire HIV. Instructions regarding the proper use of male condoms should be clearly followed. A new condom must be used with each sexual act. Avoid damaging it with fingernails, teeth, or other sharp objects. It should be worn after the penile erection and before any orogenital contact. Use only water-based lubricants with latex condoms, because oil-based lubricants weaken latex and may result in rupture. It must be understood that the contraceptive methods

that are not mechanical barriers offer no protection against STDs or AIDS.

The management of STDs and AIDS poses great financial burden on health care infrastructure. Therefore, the best strategy for country like ours is prevention and control of these diseases. The essential measures in this context can be grouped as primary and secondary.

Primary prevention aims to prevent the acquisition of infection in the general population. This can be achieved through:

- Effective control and treatment of STDs and promotion of safer sexual behavior.
- Prevention of HIV through injecting drug
- Promotion of safe blood supplies and relevant technology

Secondary prevention includes the provision of treatment and care for infected persons. It involves;

- Health education and counseling of patients with STDs.
- Promotion of health care seeking attitude in these patients.
- Provision of clinical services that are accessible, acceptable and effective.
- Improved laboratory services for HIV and STDs.
- Epidemiological surveillance of HIV/AIDS/STDs and related research.

The counseling skills of the doctors and nursing staff dealing with the patients of STDs are extremely important. Maintaining the confidentiality and self-respect of individuals with these infections are vital in effective management and behavioral intervention. A

more compassionate attitude characterized by respect, and a non-judgmental attitude, is essential in order to obtain a thorough sexual history, deliver prevention message and in guiding them to change the sexual behavior. The conversation in dealing with such patients should be simple and understandable, as this would facilitate better patient-doctor relationship and patient would then be more compliant to

treatment and more receptive to counseling. Particularly focusing the high risk population, adequate sex education, awareness about the susceptibility to common STDs, and safer sexual behavior needs to be communicated at all appropriate levels. In broader terms, these measures would result in more effective management of STDs and reduction of disease burden in the community.

**For online version of JPAD visit [www.jpap.org.pk](http://www.jpap.org.pk)**