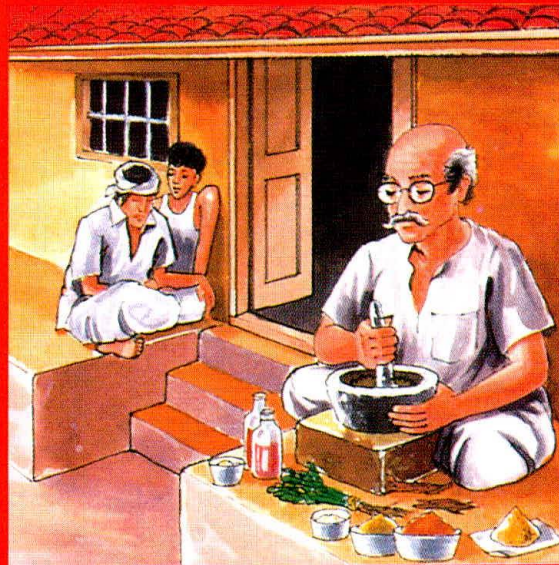


QUALITY STD CARE TRAINING MODULE



FOR REGISTERED INDIAN MEDICAL PRACTITIONERS
(RIMPs)



APAC project is administered by Voluntary Health Services, Chennai with financial assistance from United States Agency for International Development under bilateral agreement with the Government of India.



RIMPs MODULE

June 1998

**AIDS Prevention And Control Project
Voluntary Health Services**

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FOREWORD

Acquired Immuno Deficiency Syndrome (AIDS) is a disease of the late 20th century and the universal consensus is that Sexually Transmitted Diseases (STDs) form an important co-factor in the transmission of HIV. While HIV/AIDS do not have a cure now, STDs are curable. The AIDS Prevention And Control (APAC) Project sees this link between STD and HIV as the basis for developing intervention strategies for the prevention and control of HIV/AIDS.

Exploratory research findings reveal that more than half of those suffering from STDs seek treatment with Registered Indian Medical Practitioners (RIMPs) as first level treatment providers. The Health Facility Survey conducted by APAC Project targetting Health Care Providers (HCPs) of Allopathic and indigenous systems of medicine indicates that emphasis is to be given to the training needs of the HCPs for providing Quality STD Care. Hence APAC has directed its efforts towards training of RIMPs with information about STDs and HIV infection. Thus this module has taken shape in fulfilling their training needs to support STD prevention and control in their areas of operation. This module addresses the various issues of standardising their diagnostic pattern for STDs with appropriate and timely referral to qualified physicians for STD treatment. APAC project has undertaken this mission of training RIMPs with the hope that they will play a major role in the prevention of STDs by utilising the opportunity of being the first contact person.

I take this opportunity to put on record, my appreciation to all the people involved in bringing out this module. I hope this module will be of use to institutions planning to train the RIMPs. Through this training programme, it is hoped that the quality of STD care will improve and that there will be effective control of STDs in the community.

Dr. N.S. Murali

Honorary Secretary

Voluntary Health Services, Chennai.

TRAINING MODULE FOR REGISTERED INDIAN MEDICAL PRACTITIONERS

Introduction

"Health is Wealth" is an oft-quoted proverb. Health promotion includes health care services to prevent and control diseases. One of the pre-requisites for quality health services is availability of efficient health care providers. Many types of health care providers practise in India. While some of them are professionally trained, others provide traditional treatment in rural areas. It has been realised that many people seek treatment from these traditional practitioners as they are accessible, affordable, available at all times and accepted by them.

The high prevalence of sexually transmitted diseases (STD) has called for immediate global attention. Various formal and informal studies indicate that most people with STDs seek help from the traditional healers for the aforesaid reasons. Hence there is a need to get their support in controlling STDs. This exercise of developing a module and organising training programmes for these traditional health practitioners is an attempt in that direction.

Tamil Nadu and Indian system of medicine

In the past, Indian system of medicine had reached a high level of excellence and near perfection in Tamil Nadu. Siddha system of medicine is indigenous to Tamil Nadu. An Indian Medical School was founded in the then Madras Presidency in 1921 with Ayurveda, Siddha and Unani sections. It awarded certificate of Licentiate in Indian Medicine (LIM). Later, Homeopathy was also included.

Presently, seven colleges in Tamil Nadu offer graduate courses in Indian system of medicine. Of these, two colleges are for Siddha, two for Ayurveda, two for Homeopathy

and one for Unani systems. A diploma course in pharmacy is also offered under this system. Many hospitals and dispensaries in Tamil Nadu practise Indian system of medicine.

Registered medical practitioners of ISM and Homeopathy-1987

Sl.No.	System of medicine	No.of regd. practitioners as on 31st December 1987		Total
		Institutionally qualified	Non-institutionally qualified	
1.	Ayurveda	1132	1954	3086
2.	Siddha	1268	9116	10384
3.	Unani	148	632	780
4.	Homeopathy	353	15176	15529
	Total	2901	26878	29779

Source: Indian Systems of Medicine and Homeopathy, Ministry of Family Welfare, New Delhi, 1988.

Tamil Nadu also has a Research Centre and Drug Standardisation Unit for ISM drugs. Further, by providing facilities for ISM in the Primary Health Centres and District Headquarters Hospitals, Tamil Nadu Govt. has taken this system of health care to the rural and urban masses.

- 210 Siddha wings in PHCs
- 21 Govt. rural Siddha dispensaries
- ISM wing in all district headquarters hospitals
- 14 Unani dispensaries
- 3 Ayurveda wings in district headquarters hospitals
- Homeopathy dispensaries in district headquarters hospitals

Registered Indian Medical Practitioners (RIMPs)

RIMPs are healers or traditional practitioners of any Indian system of health care. They are from the local area and provide first aid and treatment to the people. They serve mostly the poor in remote rural areas. Although most of them have not undergone formal training, they are most sought after by the community. Hence, the Government, recognising their contribution in delivery of health care services, has awarded many of them a certificate which permits them to practise medicine as Registered Indian Medical Practitioners.

The community accesses RIMPs as first level treatment providers due to their familiarity in the local area. Thus RIMPs also treat STD patients by rendering first aid to them. Therefore in order to prevent and control STD, it is essential to equip these RIMPs with basic information. This module is designed with the objective of training the RIMPs to support STD prevention and control in their area of operation.

This manual therefore addresses the issues of standardising their diagnostic pattern for STDs with appropriate and timely referral to qualified physicians for STD treatment. Through this, the RIMPs will play a major role in the prevention of STDs by utilising the opportunity of being the first contact persons.

Training modules

This module is a self-contained booklet, designed to cater to the needs of the trainer and trainee. It includes instructional materials for the trainer, lesson-plan for each session with objectives, outline of contents, suggested training methods and teaching aids besides step-by-step instructions on the modality of the training programme.

We hope the module will be of use to the institutions planning to train the RIMPs. Through these training programmes, it is hoped that the quality of STD care will improve and there will be effective control of STD in the community.

Session 1

ROLE OF RIMPs IN CONTROLLING SEXUALLY TRANSMITTED DISEASES

Introduction

The problem encountered in STD treatment is multi-faceted. Patients not seeking timely treatment is the crux of the problem. Not providing quality care for the patients who seek treatment is the issue to be tackled. The special status enjoyed by the RIMPs and their easy accessibility to the community is pertinent in this context. A large section of the people with STD are treated by RIMPs. Therefore it is obvious that the RIMPs have a significant role in the control of this disease.

The responsibilities of RIMPs in this issue may be spelt out as:

Referral for STD conditions

Prevention of STD is the ideal and most successful method to prevent AIDS. STD increases the risk of HIV transmission and is a co-factor in the spread of AIDS. There is no medicine to cure AIDS. But STDs can be treated and permanently cured.

Most STD patients seek treatment rather late since they are shy or feel guilty of having contracted this disease. For fear of being exposed in the society they refrain from approaching a doctor. It is here that the RIMPs can play a crucial role by identifying those who are prone to get the infection, educating them and referring them for treatment.

- Factors hindering treatment seeking by STD patients
 - ☞ Negative attitude of some health care providers
 - ☞ Inconvenient working hours of the health centres

- ☞ Prolonged waiting time
- ☞ Delayed treatment
- ☞ Complicated treatment regimens
- ☞ Too many hospital procedures
- ☞ Lack of privacy
- ☞ Embarrassing questions asked by the physicians
- ☞ Insistence of clinical personnel to bring the partner(s)
- ☞ Considering all white discharges per vaginum as normal
- ☞ Problems between husband and wife and other family members
- ☞ The stigma associated with STDs
- ☞ Social ignorance of STDs
- ☞ Social disapproval of promiscuity
- ☞ Economic problems and expensive medical care

The clinic setting for STD patients should have sufficient privacy, convenient working hours, waiting time and facilities for early diagnosis and treatment. Paramedical personnel should be motivated to approach the patients with non-judgmental attitude.

Non-compliance

Non-compliance with treatment of STD not only hampers cure of the disease but also leads to complications like producing drug-resistant strains of the disease producing organisms. This leads to recurrence of infection with incurable forms of the disease. Hence, to improve compliance with treatment, the doctor should educate and counsel the patient to complete the entire course of drugs prescribed.

Partner treatment

Treatment of current sexual partners is an essential component of total treatment of STD. Otherwise, there is every likelihood of the patient acquiring re-infection from the untreated partner(s). As general medical practitioners, RIMPs should aim at concurrent

referral for treatment of the partner(s) of STD patients. Concurrent treatment of both (or multiple) partners is essential if we are to control reinfection of the patient and consequent emergence of drug resistant strains of the organism.

Reports and registers

RIMPs should maintain a record of the patients treated and referred to health centres. STD records should have details such as age, sex, correct address, complaints and its duration, treatment given and history of any drug allergy. The records should also contain details of compliance with treatment, follow-up and partner treatment. Patient counselling and condom usage details should also form an essential feature of any recording system. The training centres providing training to RIMPs could keep in touch with them, clear their doubts and encourage them in their activities.

Health education

It is essential that the RIMPs impart health education and advice for prevention of STD to the patient. In particular, they should emphasise the importance of condom use. Wherever necessary, demonstration of correct use of condom may be given. Further, they should be advised to be faithful to one partner and avoid casual sex before and outside marriage.

A better understanding of the problems listed above will help a general practitioner to render "total" treatment to STD patients.

Session 2

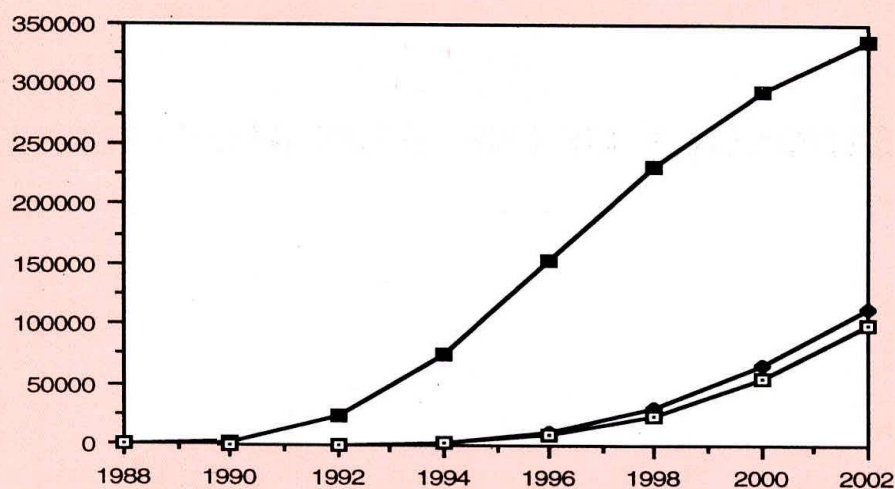
EPIDEMIOLOGY OF HIV/AIDS AND STD IN INDIA

Introduction

The first AIDS case in India was registered in Mumbai in 1986 and in the same year, the first HIV positive case was also registered in Chennai. Since then 56,409 HIV positive cases have been officially reported in India till July 1997. The number of cases has been constantly on the increase every year. Although much of the increase is attributed to a better case finding, it is quite probable that the epidemic is also growing in geometric proportions.

HIV/AIDS In India

The reported HIV/AIDS situation in India is only the tip of the iceberg. Since India adopts the policy of voluntary testing and unlinked testing of samples, it is impossible to get the exact figures of positivity rates. However, we have some estimates for Tamil Nadu based on sporadic studies. One such estimate is that of 232141 cases of HIV positives in Tamil Nadu up to the end of 1998. In the next five years, the number of AIDS deaths in Tamil Nadu could increase to 1 lakh. Even if we stop the transmission by 100% from today, deaths due to AIDS will still continue for another 10 years till the last case of HIV positive is dead (or cured, if by then a successful cure is discovered).



		1988	1990	1992	1994	1996	1998	2000	2002
HIV	■	43	3014	23721	76589	153566	232141	294996	337108
AIDS	◆	0	7	243	2362	10793	30968	65781	113474
DEATHS	◻	0	4	147	1608	8111	25053	56158	100897

Who gets HIV infection?

More than 75% of HIV infection in India is through the sexual route. So people who indulge in high risk sexual behaviour i.e. those with multiple sex partners and not using condoms and/or having STD are highly prone to HIV infection. Other methods of transmission are through use of improperly sterilised needles, those who receive frequent blood transfusions especially when the blood is not tested for HIV, intravenous drug users and children whose mothers are HIV positives.

The ratio of affected male/female is 3:1. The disease is mostly prevalent among those who belong to the reproductive age group. There is evidence that the infection has started spreading to the rural areas also.

Impact of AIDS on the society

The impact will be enormous in the form of reversing population growth even to the extent of diminishing of population size as a long term consequence, similar to what is happening in some African countries.

There could be many orphaned children with least support to live, since their parents would have died of AIDS. There could be families without a breadwinner due to the onslaught of AIDS. There could be families where innocent wives get thrown out due to their acquired HIV positivity from their promiscuous husbands.

The country may lose millions of hard working labour force (young men). Whatever gains are obtained from other health programmes such as child survival and RCH (Reproductive Child Health) will be nullified.

- As AIDS is a sexually transmitted disease, it affects the youth and those in the reproductive age and affects the development of not only the family but also the economy and industry of the country
- At the end of this Century, 50 to 100 lakh children in the world are in danger of losing either or both of their parents to AIDS and become orphans

HI Virus

HI Virus (of two types - HIV 1&2) is a very fragile virus and dies easily through drying, absence of body fluids, moderate heat and through use of common disinfectants.

Linkage between STD and AIDS

- HIV infection, as stated before, is transmitted through the sexual route. Even those who acquire it through other routes of transmission often get it from others who have been infected through sexual route
- STD patients are at a higher risk of contracting HIV infection from a HIV positive through sexual contact
- Both conditions have the same route of transmission viz. the sexual route
- STDs make it easier for HIV infection to be transmitted from one partner to the other, e.g. in the presence of Gonorrhea, Syphilis and genital discharge, the risk of HIV infection increases by two to nine times

- Infection with HIV makes the patients with STD more resistant to treatment. Thus chancroid treatment fails more often in a HIV infected individual than in others
- STD clinics are important access points for treatment of people with high risk behaviour. Hence, the same target sites can be used for identification of new HIV infected individuals and counselling of HIV positives

HIV sero surveillance

	Cumulative	Tamil Nadu
Number of persons screened	30,33,897	5,77,907
Number of persons sero-positive	56,409	3,145
Sero-positivity rate (per thousand)	18.5	5.4

Source : NACO

AIDS is transmitted through

- Unprotected sexual contact with an infected person
- Using unsterilised needles and syringes
- HIV infected blood transfusion
- From HIV infected mother to child
- Sharing of needles without properly sterilising them

AIDS is not spread through

- Shaking hands
- Hugging
- Sharing food
- Sharing bed

- Kissing
- Mosquito bites
- Using public toilets

Preventive measures

- Abstinence
- Staying with one partner
- Using only blood tested for HIV and found negative
- Having protected sexual contact by using condoms
- Using disposable needles
- Not sharing needles (IV drug users)
- Seeking immediate treatment for STD conditions

Pathogenesis

- HIV infects predominantly white blood cells called lymphocytes
- As the numbers and functions of these blood cells decline, immuno-deficiency sets in
- As immuno-deficiency progresses, the subject develops secondary (opportunistic) infections, cancer and constitutional signs and symptoms of the diseases contracted

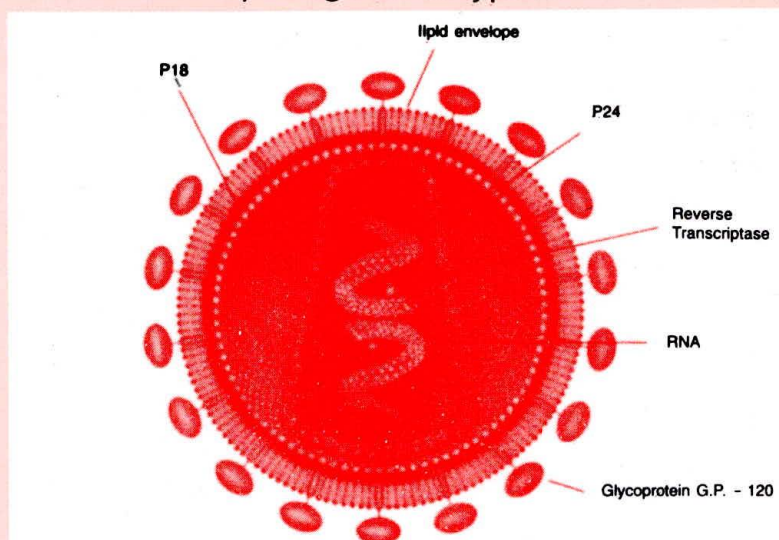
Human Immuno-deficiency Virus

- HIV belongs to the family of Retro viruses
- There are two types of HI Virus

HIV type 1

HIV type 2.

Both types are prevalent in India. Type 1 is more frequently reported than type 2.
Also HIV type 1 is a more virulent pathogen than type 2.



STRUCTURE OF HIVIRUS

Stages of HIV infection

Beginning	: HIV F infects.
Stage I - Virulent	: Some signs or no signs but virus multiplies in the body.
Stage II - Asymptomatic but spreads the HIV infection	: HIV infected person has no symptoms but spreads infection by his sexual activities.
Stage III - AIDS-related symptoms	: Night sweating Diarrhoea Enormous weight loss Fever Tuberculosis
Stage IV - AIDS	: Recurring opportunistic infections Cancers Severe weight-loss Fatigue, exhaustion and finally death.

Diagnosis

HIV infection is diagnosed by testing blood for its antibodies

HIV antibody tests are usually carried out by the following 1st test and confirmed by the second.

1. Screening test (ELISA)
2. Confirmatory test (Western Blot)

Disease status and appearances

0 to 5 years approximately	After 5 to 10 years approximately
HIV POSITIVE STATUS 1. Anyone who has the virus is a carrier and can infect others. 2. He/she has no symptoms of the disease at this stage. 3. A person can be an unknown carrier for many years before the virus has destroyed much of the immune system that he/she falls ill.	AIDS PATIENT Signs and symptoms of the disease manifest. Signs and symptoms can be grouped under major and/or minor conditions. Dies due to opportunistic infections cancers-AIDS.

STD status in India

Disease burden of STD in India and Tamil Nadu

In women, reproductive tract infections rank number two among all morbidity conditions in India.

According to APAC projects STD prevalence study, prevalence of any STD condition in Tamil Nadu is 15.8% and this falls in the high incidence rate for the community. However classical STD remain at 9.7% in the study community.

STD is transmitted through

- Unprotected penetrative sexual contact with infected person
- Infected mother to child
- Use of infected blood for transfusion

Prevention of STD

- Abstinence
- Sex within marriage only
- Protected sex (use of condom)
- Immediate treatment for STDs

Relationship between STD and AIDS

- To control HIV/AIDS, STDs have to be controlled
- Both have common preventive methods such as:
 - ☞ Staying faithful to one partner
 - ☞ Avoiding multiple sex partners
 - ☞ Using condom consistently and correctly
 - ☞ Treating STDs, and controlling them
 - ☞ Test any blood before transfusion for STD/HIV infections
 - ☞ Sterilizing all syringes and instruments

This way both the diseases can be prevented and controlled.

Vulnerability of women to STD/HIV

- Women are more prone to STD/HIV infections than men
- Some of the most important reasons for this may be classified into:
 - Socio-economic factors
 - ☞ Greater vulnerability of women due to low social status
 - ☞ Poverty
 - ☞ Low rate of treatment-seeking behaviour
 - ☞ Traditional beliefs and superstitions regarding sexuality
 - ☞ Women have less control over their reproductive behaviour
 - Physiological factors
 - ☞ Wider mucosal area of reproductive tract in women and semen remaining in vagina for long period of time
 - ☞ STD lesions in women are asymptomatic in 50% of the cases.

Problems due to no treatment/improper treatment for STDs

In women	:	Sterility Ectopic pregnancy Stillbirth, miscarriage, abortion Chronic cervicitis, cancer of cervix
In children	:	Low birth weight, Still births Congenital defects
In men	:	Urethral stricture epididymo - orchitis sterility

Session 3

WOMEN AND SEXUALLY TRANSMITTED DISEASES

Women in our society are yet to enjoy the desired social status. Media sometimes depicts women in a derogatory manner, which ultimately affects women. Most women give least importance to their health and well-being. The impact of STD on women is more devastating when compared to men. Some of the causative factors of this situation are enlisted below.

Socio-cultural issues

- Men's double standard behaviour, especially multi-sex partner behaviour affects women
- Women are married off at a very young age and so may get affected by STDs in a younger age
- Women are economically dependent. They have no role in decision-making. They are controlled by their husbands and in-laws
- Due to illiteracy, they are ignorant of the diseases occurring due to their sexual behaviour
- Reluctance to go to hospital
- No right to question the husband. Fear to inform husband if she has any disease. Fear that the husband will desert her. Fear of mother-in-law
- No rights on her body. Cannot avoid sex. Cannot ask her husband to use condom. So also cannot ask the husband to go for treatment, especially when the husband is an alcoholic. She depends on his salary to maintain the family and hence tolerates everything helplessly

Other problems

No facilities for ensuring personal hygiene.

Women are sexually harassed at the place of work and in the society. They are paid lower than men and mostly have to work under men.

- There are no separate treatment facilities for women
- STDs afflicted women are often treated with scant respect by the society. Even though the disease has been transmitted by the husband, it is the woman who suffers the most
- Commercial sex workers face harassment at all levels; they cannot ask their clients to use condoms

In such circumstances, when women come for medical help they need:

- Support, counselling and treatment
- Not to be criticised for their STD condition

These steps will encourage them to come regularly for treatment.

STDs in women

Signs and symptoms of STDs.

- Due to the concealed nature of the reproductive organs of women, the symptoms are revealed after much delay and naturally, they seek treatment at a late stage
- Minimal white discharge could be natural and women are unable to differentiate the white discharge due to infection, from the natural one
- Lack of separate toilet facilities hampers self examination of their genitalia for any disease conditions

STD conditions in female and their presentation are discussed under STD signs and symptoms.

Myths and misconceptions about STD and their clarifications

Women need health education to dispel many of their wrong beliefs, e.g. STDs are due to heat because the husband is a lorry driver - his body is 'hot'. They are not aware of his other behaviours.

Explain that copper-T and other family planning methods including oral pills will not be helpful against STDs.

Explain the importance of

- Avoiding sex with multiple partners
- Complete treatment
- Husband treatment
- Use of condoms, insistence on the use of condoms
- Transmission of infection from mother to child

Session 4

SIGNS AND SYMPTOMS OF STDs

Introduction

Sexually Transmitted Diseases (STD) are a group of diseases which have been in existence from time immemorial. STD are caused by different micro organisms which share the common factor of being mainly transmitted through sex. Hence, they are more popularly known as venereal diseases or VD after the Goddess of Love, Venus. These diseases can affect both males and females.

The micro organisms which are responsible for these diseases are very fragile when compared to those that cause tuberculosis, jaundice, cholera, malaria or the common cold. That is why they cannot thrive in air, dust, water, food etc. Because of their characteristics, these micro organisms cannot be transmitted from one person to another by air, water, food or through insects. They can be transmitted only when there is close body contact between two individuals involving the body fluids/sex organ of one person entering the body of the other. This can happen mostly during sexual contact. That is why these diseases always occur with sex.

But to acquire these diseases, one of the partners indulging in sex must have been infected. Hence it is obvious that the more the number of sexual partners an individual has, the greater is the chance of acquiring one of these sexually transmitted diseases. It should be remembered that there is **no risk of getting STDs** when sex is strictly between two uninfected persons who are faithful to each other.

Anatomically, the female genital organs, unlike in the male, are not externally situated. Hence, STDs in women are not visible externally but get hidden deep inside, whereas when a man contracts the infection, the disease gets clearly manifested.

Therefore in men self-examination is also possible. An infected husband can pass the infection to his wife.

Sexually transmitted diseases are also known as VD, that is venereal diseases. VDs are many and they appear differently. The common presentations are genital ulcer, pain while passing urine, discharge from penis, or swelling in the groin. All these are wrongly attributed to body 'heat' and hence the person often thinks that these diseases are the result of body heat. So, they do not come for treatment. Hence there is a need to educate them on this. A clear knowledge of STD is therefore essential to provide the necessary information and treatment.

Some important information about STD

- STD is NOT A SINGLE DISEASE. There are many STDs
- Different STDs are caused by different germs, namely viruses, bacteriae or fungi
- STDs appear in different forms
 - ☞ Some present as ulcers
 - ☞ Some present as discharges
 - ☞ Some present with burning sensation while passing urine
 - ☞ Some present as inguinal swellings
 - ☞ Some present as painful growths

Most of all, STDs do not show up easily in women because of their body structure. The usual presentation of STD in females is in the form of genital discharge. Many women, out of ignorance, do not seek treatment for vaginal discharge. If this discharge is persistent, frothy or foul-smelling, it definitely indicates possible STD.

STDs

There are more than 25 different STD conditions. Some of them are more prevalent. They could be classified as follows by their symptoms, and are called syndromes.

- Urethral discharge
- Genital ulcer
- Inguinal swellings
- Vaginal discharge
- Lower abdominal pain in women
- Scrotal swelling

Urethral discharge in male

General

- Burning sensation and pain while passing urine
- Discharge from penis (starts anytime after day 1 to day 7 of unprotected sexual intercourse with an infected person)
- At times, discharge may be noticed early in the morning, just before passing urine
- Treatment should cover all micro organisms that can cause such conditions



To remember

- In the female, one of the germs causing white discharge, viz. Gonorrhea, does not show any symptoms
- In the males, those who have not undergone circumcision have to be examined well. It should also be ascertained whether the discharge is from the urinary tract or from the space surrounding glans penis

Genital ulcer (both male and female)

- Single painless ulcer
- Multiple ulcers
- Small superficial painful ulcers

Symptoms would appear a few days after sexual contact. The following are the characteristics.

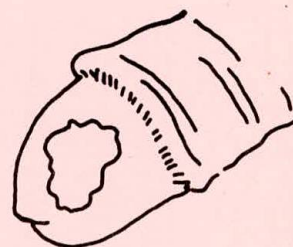
Single painless ulcer (Syphilis)

This disease appears as an ulcer after 10 to 30 days. Occasionally, it may take 3 months to appear. The ulcer is usually single and painless. It disappears after a few weeks even without treatment. Many people mistake this disappearance as evidence of cure.



Multiple painful ulcers (Chancroid)

- Ulcers are painful and usually multiple
- Unlike syphilis, there is no blood test for this disease
- Not giving timely treatment may lead to painful inguinal swelling



Small superficial/shallow multiple ulcers with pain (Herpes)

- Many small vesicle/bursting out to painful ulcers on the genitalia
- This is characterised by its tendency to recur periodically without any subsequent sexual exposure

Diagnosis

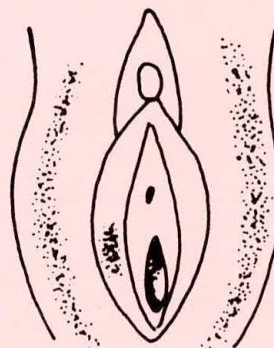
Take details of the symptoms and history of exposure.

Advise not to have sex until treatment is over, or use condoms whenever abstinence is not possible.

Give first aid and refer to STD specialist or qualified physician immediately.

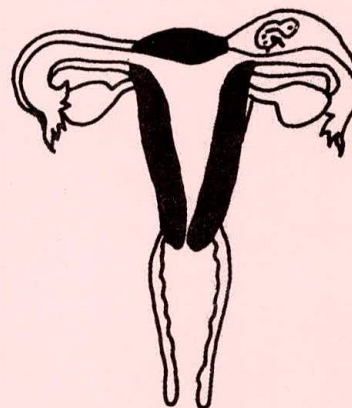
Genital ulcers in female

All the above mentioned ulcers are easily missed in the female because they occur deep inside her private parts. Hence the patient herself may not be aware of them. This should be remembered while treating a married man or man with his regular concubine. So every male with genital ulcer should be advised and persuaded to bring his sex partner for treatment.



Discharge from vagina

- Discharge could be from cervix (upper part of the female sex organ) or vagina (part with the external opening below the urinary passage)
- In vaginal discharge, difficulty in passing urine, sometimes even associated bleeding may be present



- If untreated, it may lead to blockade of the fallopian tubes
- Sometimes there are no signs and symptoms
- Pain during intercourse
- Advise treatment for husband also simultaneously
- Give first aid, refer to STD specialist or qualified physician forthwith



Lower abdominal pain in female

If treatment is not given for STDs these organisms may infect the pelvis. Due to this, there is dull pain in the lower abdomen. Pregnancy outside the womb and sterility are some of the consequences.



Lower abdominal pain

Inguinal swelling (male and female)

- Swelling on either side of the groin
- Swelling can rupture and present as ulcers
- Could be painful
- Could be accompanied by ulcer or discharge
- Sometimes ulcer can be in the anal region
- Physical examination of the genitalia can detect this condition

Give first aid and refer to STD specialist or qualified physician forthwith.

Questions to be put to patient

- Signs and symptoms of his/her disease
- To list the signs in their order of appearance
- Did the patient take any treatment/remedial measures
- Sexual practices (current and past)

Action to be taken

Explain the consequences of incomplete treatment while giving full details of STDs, their causes, prevention and control.

Refer the patient for management.

Session 5

REFERRAL AND FOLLOW-UP

Introduction

STD patients do not approach a doctor as in the case of other diseases. At present, patients with sexually transmitted diseases resort to different types of remedies, due to the stigma attached to STD. A very small number of patients only try to attend a STDs clinic. Most of them start with self-medication and then go to an untrained local medical practitioner and finally go to a qualified doctor. Due to this, there are many complications. Some of these complications could be due to some harmful medical practices. To render effective treatment, the treating doctor should know the details of all the previous treatment taken by the patient.

Common problems

- Those affected with STD delay in seeking treatment
- They do not complete the full course of treatment
- They do not bring their partner for treatment
- They do not go to qualified doctors
- There is no follow-up and so doctors do not know the progress of disease or any problems of treatment failure
- No practice of referral of cases requiring higher level medical attention

- General ignorance of the disease. Often STDs may not present as a single disease but as mixed infections. Each disease condition has different treatment and investigation procedures
- Mostly treatment is given without physical examination. So treatment is not effective

Such conditions make these diseases, which have many social and physical issues, difficult to be treated and controlled. Some of the above issues are briefly explained below.

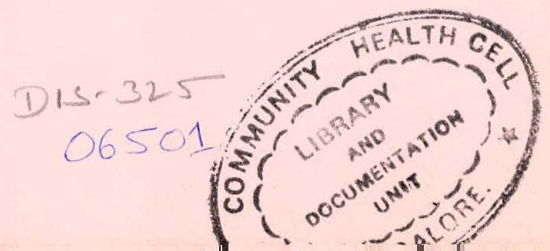
Delay in seeking treatment

Patients delay in seeking treatment till the time self-treatment fails. Ignorance, fear and guilty feeling of what others would say are the reasons for this situation.

STD patients often do not go to a known doctor but go to a medical practitioner who lives elsewhere though he is not qualified and trained in modern medicine.

Patients have certain advantages here:

- Anonymity - The medical practitioner does not know the patient
- The RIMP does not ask questions which cause embarrassment to the patient
- The belief that a single dose of medicine given by the RIMP can cure the disease
- He is available locally
- The belief that he may not reveal details of the patient's illness to others
- He does not call for elaborate investigations



So, even if the patient considers all the above points to his/her advantage, yet, RIMP is not qualified enough to render full, correct treatment to the STD patients.

For example, STD is not one disease but a group of diseases. Each one is due to a specific organism and may have different signs and symptoms or sometimes without symptoms. Treatment to be given is different for each of the STD conditions.

Sometimes allopathic drugs that are used by RIMPs for quick relief from the disease may not offer full treatment. It may only control the symptoms. This leads to recurrence of the disease.

Problems of inadequate or wrong medication in STD

Every STD is caused by a particular organism. Today, we have effective treatment for each one of them. But these medicines work only when given in appropriate dose and for a sufficient length of time. Inadequate medication will only suppress the signs and symptoms, giving a false idea both to the patient and to the doctor that the disease is cured. Further, the organisms are also capable of developing resistance to the drug rendering the treatment ineffective.

Partner treatment

A person who comes for STD treatment may not abstain from sex. So the partner also needs to be treated or else there will be reinfection and development of resistance to the drug. Hence, the RIMPs should motivate the partners of STD patients also to come for treatment. This is important in preventing reinfection of the patient and avoiding drug resistance by the organisms. Partner treatment is an essential component of quality STD care.

Difficulties often experienced by doctors in treating partners

- Fear that the partner will come to know about the sexual mode of transmission of the disease and consequent family disharmony

- Inability to bring the primary contact who may be a commercial sex worker and the fear that such a behaviour will be known to others
- Fear of being identified (by others together with the partner) in the STD clinic
- Ignorance about the need for partner treatment
- Strained marital relationship
- Unwillingness of partners to attend STD clinic
- Asymptomatic status of STD in the partners

Follow-up

Follow-up of patients treated for STD is essential. Such a follow-up helps the physician to assess the extent of clinical cure attained and to look for any treatment failure or complications or sequelae of STDs.

Certain STDs not responding to treatment may warrant referral of cases to centres with STD specialists. The conditions which warrant such referral are treatment failures, suspected drug resistance, complications of STD conditions etc.

Components of prevention

- Education for safe sex behaviour
- Compliance with treatment
- Partner treatment
- Follow up
- Counselling
- Condom promotion

How to overcome the above?

- A syndrome-based approach covering all possible disease conditions with similar appearance will solve the problem
- Knowing the correct treatment for the syndrome in terms of its drugs, dosage and the duration of treatment
- Simultaneous treatment of spouses by advising the patients to bring them for treatment
- Consistent use of condom also prevents re-infection

Treatment by specialist

STDs are often asymptomatic especially in women and may lead to many complications, due to delayed coming for treatment. Hence, RIMPs should give first aid to all STD cases and refer them to a qualified physician in that area.

Some important issues concerning STD control

- Treatment under qualified trained physician
- Monitoring treatment and follow-up
- Partner treatment
- Reporting and register maintenance
- Advice on problems related to STD treatment
- Explanation of preventive methods

If RIMPs implement these, STDs could be controlled effectively.

Education for prevention

- Message : RIMPs should know the correct information and explain it clearly to the patient.
- Method : Explain the relevant information using pictures.
- Place : Counselling can be given at clinics, medical shop, pharmacy and where sex workers meet.
- Time : Giving adequate time for health education will be more effective.

Session 6

COUNSELLING

Introduction

Illness and disease can affect anyone. Individuals have their own way of dealing with it. But all diseases are not to be dealt with in the same manner - especially STD conditions. Some diseases like sexually transmitted diseases which are social diseases affect the person not just physically (biologically) but also psychologically, socially and economically. It frightens them due to the stigma and many wrong beliefs and practices attached to it. So, in dealing with these patients counselling skills are very helpful. Counselling skills make it easier for the health provider to get information and treat the patients. An RIMP could emerge as a good counsellor when he strives to be one.

Counselling and behaviour change communication

Important questions:

- What is the role of counselling in health care?
- Why is it important to do counselling in STD treatment?
- What is the need to stress on counselling?
- What will be the effect of behaviour change communication on individuals?
- What is the role of counselling and BCC in STD care?
- What is the role of RIMPs in counselling and behavioural change communication?

- How can counselling and behavioural change communication help to improve the status of health of the community?

Role of counselling in health service

Counselling skills help to build the relationship between a patient and the health provider (RIMP). Counselling aims at enabling the patient to understand the nature of his/her illness, causes, options for improvement (treatment/care), besides building confidence in the health provider for treatment compliance.



What is STD counselling?

STDs are very sensitive and behaviour-related diseases to objectively and openly discuss their presence and treatment. Cultural, social and psychological barriers about sexuality and related issues stand in the way of their openness while seeking treatment. But the same has to be dealt with and the patients have to be treated and cared for and preventive measures to be taken against spreading of the disease. Counselling provides the necessary knowledge and skill to deal with STD patients.

Knowledge that the RIMP should have

- Cultural, social, psychological issues related to STDs
- Life styles that promote high risk behaviour
- Treatment problems
- Partner management
- Condom usage

Skill

- To make the patient comfortable to facilitate communication
- To open up and discuss about the disease
- To discuss options and decide on healthy life style

The main aim of STD counselling is to give psychological support to the patient to help him/her to change behaviour and co-operate in the treatment and control of STDs.

Who needs counselling?

- Persons with recurrent episodes of STD over a long time
- Persons who are recently infected and reporting to the doctor for the first time
- Persons who are young having a life style and job that promotes risky sexual behaviour
- Women who seek STD treatment
- Partners who are brought for STD treatment

Why RIMPs?

- RIMPs are more accessible, affordable for people who are infected
- Studies show that many STD patients go to RIMPs for treatment
- RIMPs have more time and have a practice of spending more time with the patients especially those who are practising independently

Basic counselling

Types of counselling

STD counselling is of two types

- Therapeutic counselling for STD treatment
- Preventive counselling for control of STDs prevention of risk behaviours, partner treatment

Counselling as a pre-requisite

- Attitude of the RIMPs
 - ☞ Accept the patient as he/she is
 - ☞ Willing to listen to their problem and spare adequate time
 - ☞ Concern for their health
 - ☞ Non-judgmental and open-mindedness
- Accessibility to the patients and easy to approach and discuss illness
- Confidentiality - most important to keep secrets - promotes trusting relationship - co-operation in treatment

Counselling procedure (simplified)

Step 1 - Development of rapport (relationship) through communication - the most important skill in counselling.

- Rapport development - to the patient
 - ☞ Greet and welcome the patient
 - ☞ Make the patient comfortable
 - ☞ Respect and accept the patient in whatever situation he/she may be
 - ☞ Create an atmosphere for sharing
 - ☞ Assure confidentiality
- Listening - to the patient's problem, situation, illness
 - ☞ Do not interrupt while talking
 - ☞ Watch for non-verbal message - facial expression
 - ☞ Body position - to understand
 - ☞ Get more information - clarify doubts
 - ☞ Show through body/face expression that you are listening
- Responding
 - ☞ Give appropriate reply
 - ☞ Give correct information - given separately below
 - ☞ Your reply should indicate your understanding and concern
 - ☞ Help patient to speak openly about risk behaviour

Step 2 - Problem solving and action planning

- Analyse together the information gathered
 - ☞ Risk factors, causes for illness, options
- Look for options - to prevent and control
 - ☞ Behaviour change communication method to be used

- Help to reach a decision
 - ☞ Give support

Step 3

- Follow-up - inform importance of follow-up
- Encourage to come again
- Refer if needed

Information to be given

During counselling

- Mode of transmission, treatment
- The link between STD and HIV/AIDS and need for control
- For completing full treatment
 - ☞ Adverse effect if not followed
 - ☞ Reinfection during treatment if safe sex practice is not followed
- Safe sexual behaviour
 - ☞ Stay with one partner
 - ☞ No penetrative sex
 - ☞ Abstain from sex
 - ☞ Using condom regularly every time one has sex
- Need for partner treatment

Verbal and non-verbal responses

Effective responses	Non-effective responses
Tone	Tone
<p>Positive, assured, respectable, encouraging, accepting facial expression, open, caring, pleasant.</p> <p>Looking directly with concern</p> <p>Assuring attention to what is being said,</p> <p>Nods, acknowledges</p> <p>Verbal expression</p> <p>Answers clearly to the question</p> <p>Open-ended questions, summarising</p> <p>Encouraging</p> <p>Repeating the message</p>	<p>unpleasant, cynical, judgmental, causing fear.</p> <p>looks away, frowns, scorns, yawns.</p> <p>looks at the watch</p> <p>controlled and controlling attitude</p> <p>commanding</p> <p>speaking too quickly</p> <p>direct question</p> <p>advice labelling</p> <p>moralising</p>

Session 7

CONDOM PROMOTION

Why should RIMPs promote condoms?

- Number of patients seeking STD treatment from RIMPs is more
- Controlling STD plays an important role in controlling HIV/AIDS
- Patients seek the advice of RIMPs. So they can get information about condom when they seek advice in privacy. Since patients throng to them with confidence, promoting condom use for them will be highly effective
- Using condom is part of STD control

How can RIMPs be involved in this work?

- Explain and make the patient understand the need for using condom in preventing the disease
- Prescribe condom along with the drug or sell it at clinic and give publicity
- Condoms could be given to the STD patients free of cost if free supply is available

Information to be given by the RIMP

What is condom?

A condom is a sheath made of latex. It is a long thin tube when rolled

out. At the lower end, it is closed and has a teat which collects the semen. Condom acts as a wall and prevents the sperms and STD causing germs from entering the vaginal cavity.

So condom gives double protection

- It acts as a barrier against STD infection, by preventing contact between semen, vaginal fluids and blood and thus transfer of germs
- It works as a contraceptive device

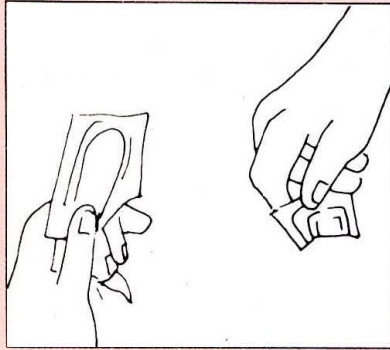
Instructions for proper use of condom

How is a condom used?

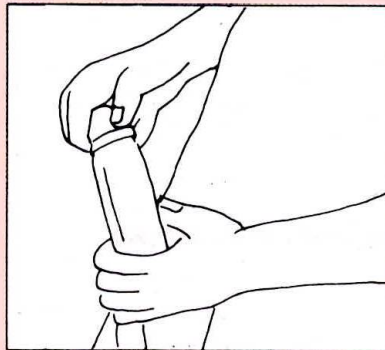
Care should be taken while using condoms because improper use can damage the condoms resulting in contracting the HI virus/STD germs or having unwanted pregnancies. The following instructions need to be followed while using a condom.

- Look for the expiry date prior to use
- Open the condom pack only when the penis is fully erect
- Open the pack carefully without damaging the condom
- The tip of the condom should be pressed to squeeze out the air before use
- Do not unroll the condom before putting it on
- Place the condom on the tip of the erect penis. While still holding its tip, unroll the condom over the full length of the penis
- During intercourse, make sure that the condom stays in place
- Immediately after ejaculation, the penis must be withdrawn when it is erect by holding the condom in place

- The condom should be slipped off the penis with the reservoir tip pointing downward to avoid spillage
- Dispose it off promptly by tying it up and rolling it in a piece of paper and throwing into the garbage or burying it



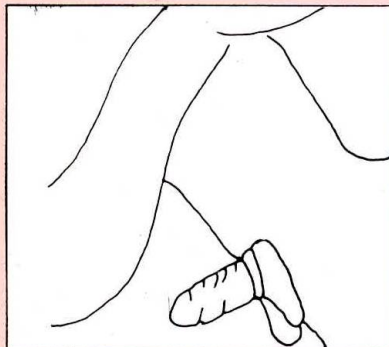
Open the pack carefully without damaging the condom. Wear the condom only after penis becomes fully erect



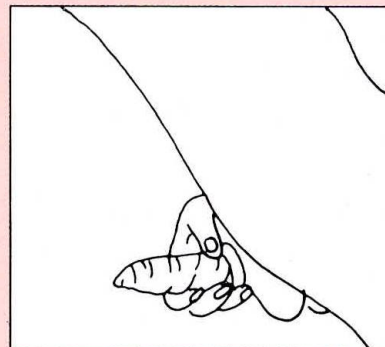
Press the tip of the condom and fix it on the erect penis



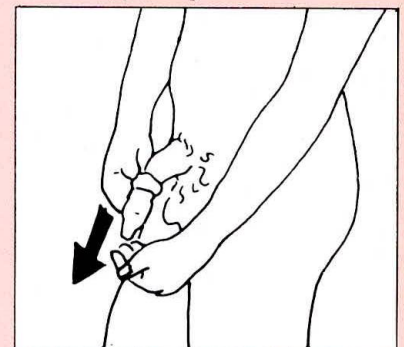
Hold the tip of the condom and slowly unroll it to full length so that the penis is completely covered



Ensure that the condom is in position before commencement of sexual intercourse



After ejaculation hold the bottom of the condom and gently withdraw the penis

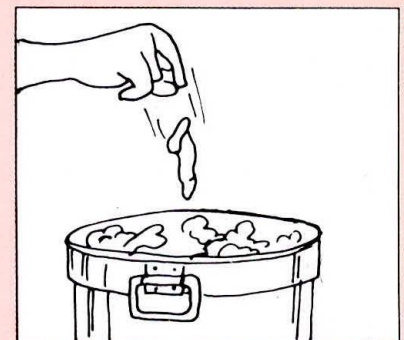


Remove the condom carefully without spilling the semen

Do not re-use the same condom

Why should one use condom?

- To prevent unwanted pregnancy
- To protect oneself and one's partner against sexually transmitted diseases including AIDS



Dispose off the used condom in the garbage bin. Do not reuse

Who should use condom?

Condoms are meant for people in their reproductive age group to either use it as a contraceptive or as a protection from contracting STD/HIV. Condom should be used by persons who are involved in multi partners sex.

When used correctly and consistently, condoms can be very effective in preventing unwanted pregnancies and all STD conditions.

Why people do not use condom: (exercise)

Reasons for not using condom and misconceptions about using condom.

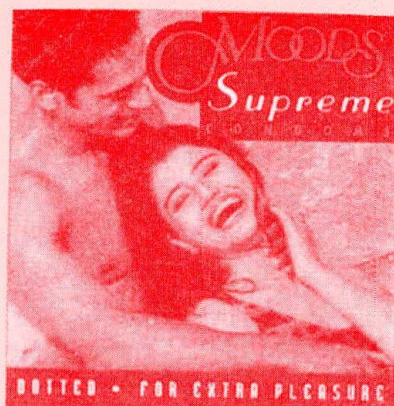
Belief	Reason
Using condom during sex is irritating	Not knowing how to use condom. Condoms are soft and lubricated. Proper use of condom will not cause irritation.
Condom will tear during intercourse	If one uses old condom or does not expel air from the tip this could happen.
Condom is sticky and oily	Sexual intercourse also is sticky due to the semen. The obsession that condom is an external agent and not part of the body makes it to think so.
Condom reduces sexual pleasure	On the other hand it enhances the sexual pleasure by prolonging sexual intercourse damping the sensation of touch.
Women do not like it	Women like what men like.
The gained erection may be lost during condom manoeuvre	Could be overcome by successive and constant use.
Problem in buying	Shop owners are also being sensitive. It is becoming an easy task to buy condom without embarrassment.

Name of condom and prices

Condoms are available in packets of three to twenty. Their cost is quite affordable

- | | |
|-----------------------|-----------------|
| 1. Nirodh | 2. Delux Nirodh |
| 3. Super Delux Nirodh | 4. Moods |
| 5. Kohinoor | 6. Sajan |
| 7. Ustad | 8. Fiesta |
| 9. Kam Sutra | 10. Tonight |

Most condoms are lubricated and they come in different colours. Some are scented, some are designed as dotted, or ribbed. Some companies also give concessions on bulk purchase.



Where condoms can be got?

Condoms can be got from Primary Health Centres (PHC), Government hospitals, pharmacies, other shops and from NGOs. Even pan-shops, petty shops and provision stores sell condoms these days. But due to shyness, many do not go and get condoms.

Notes on storing condom

- Store condoms in a cool, dark place as heat, light and moisture can damage them
- Be careful in handling condoms as finger nails can tear them

Use another condom if

- It is torn or its packing is damaged
- Its date has expired
- It is uneven or has changed in colour
- It feels brittle, dried out or very sticky

What RIMPs could do?

- Explain to the patient the need for using condom and all other relevant details. Encourage use of condom
- Identify the methodology of promotion of condom
- Some will not give importance if it is given free. They may think it does not have value
- Some may have financial difficulty - they need it free of cost
- Some like different colours and variety - specially those who are well to do
- Since condom has to be used constantly, the doctor cannot give condom free of cost. So it is better to encourage patients to buy it. It should be made to understand that condom is like a drug

Give publicity for condom in the clinic

- Keep condoms in a visible place for the patients to see them
- Speak casually and openly
- Tell patients where it can be purchased
- Inform about government's free supply and condoms promoted by voluntary organisations
- Availability in petty shops also

Session 8

STD CASE REGISTER

Introduction

Since sexually transmitted diseases in India are on the increase, those working for the prevention and control of these diseases need to monitor the STD status of the area. It will be good if the RIMP records these cases and to whom they refer and the type of follow-up care given.

Registration and records

- RIMPs must maintain a register with particulars of STD patients, those with STD whom they come across in their regular practice
- The following particulars may be recorded:
 - ☞ Age
 - ☞ Sex
 - ☞ History of STD treatment taken previously
 - ☞ Referral particulars
 - ☞ Health education given
 - ☞ Follow-up treatment
 - ☞ Partner treatment
 - ☞ Use of condoms

Monthly report

It will be good if RIMPs record the following and give a monthly report to the training centres or give it to them when the social worker visits the clinic.

Monthly follow-up record

Month:

Name of RIMP:

Year:

1. Number of cases who came for STD treatment: Male _____ Female _____

Syndromes	Male	Female
a. Ulcers		
b. Urethral discharge (M)		
c. Vaginal discharge		
d. Inguinal swelling		
e. Lower abdominal pain		
f. Scrotal swelling		

2. No. of condoms distributed

3. No. of persons referred

4. No. of contacts followed up

Continuing education

It will be good if the trained RIMPs meet at least once in 6 months to update their knowledge, clarify doubts, share experiences and discuss future plans for the follow-up meeting.



**AIDS Prevention
And Control Project
Voluntary Health Services
Adyar, Chennai 600 113. INDIA
Phone: 2352965, 2355048
Fax: 91-44-2355018**