CHAPTER I

INTRODUCTION

Sexually transmitted diseases have strong impacts on the physical and mental health of patients. Up to 20% of patients visiting obstetrics-gynecology (OB-GYN) clinics usually present with abnormal conditions of the genital organs and vagina, such as leukorrhea, vaginal itchiness and burning sensation or burning urination. These diseases and conditions create problems for patients and, on some occasions, their causes are not able to be identified. Furthermore, because of inadequate diagnosis and inappropriate treatment, a number of patients are not completely cured of such diseases, and their symptoms persistent intermittently, with a consequent high socio-economic impact.

There are numerous pathogenic microorganisms in the female genital organs and they are sexually transmitted. These organisms can invade the cavity of the uterus, the Fallopian tubes and the pelvic cavity, which can cause infection inside the female pelvic organs.

Table1: Prevalence of STDs (1997–2001)

Type of Infection	Number of cases				
	1997	1998	1999	2000	2001
Candidiasis	945	1,497	2,148	7,964	14,716
Trichomoniasis	747	1,924	1,646	3,786	3,942
Gonorrhea	165	147	236	205	246
Chancroid	285	301	432	418	415
HIV					

Source: Investigation Section, Venereal Disease Division, Ministry of Public Health

Table 2: Leading Causes of Female Genito-vaginal Infections (1997–2001)

Type of Infection	Year				
	1997	1998	1999	2000	2001
Candidiasis	409	687	2,244	5,421	9,547
Trichomoniasis	306	504	764	1,749	2,796
Gonorrhea	15	14	37	28	57
Chancroid	12	14	26	39	22

Source: Family Planning Clinic, Phuwiang Hospital, 2001

Regarding influencing factors for infections of the female reproductive system, Chaisilpawatana (2001) stated that women with multiple sexual partners have higher chances of acquiring venereal diseases such as *Herpes simplex* virus, trichomoniasis and *Candida albicans*. Sexual promiscuity causes impairment of the bacterial balance in the vaginal area, leading to leukorrhea and vaginitis. On some occasions, frequent and

violent sexual intercourse causing injuries may lead to trauma and therefore infected vaginal ulcers. Other causes include abrasion or allergy to clothing, sanitary napkins, genital flush solutions, and in some cases, associated diabetes mellitus or malnutrition. It is important to note that these infections increase the risk of acquiring HIV infection.

Boonmongkol (1998) studied baseline data on the incidence of reproductive health problems in females, an anthropological aspect of OB-GYN problems. The study revealed that quite a large number of women in rural areas of northeastern Thailand were well aware that they had reproductive system problems, and that this was a major health problem. These women would buy medicine over the counter as their initial stage of treatment. When their symptoms did not improve, they would seek service at a health center or hospital. However, most health care settings in these areas did not have a one-stop servicing scheme, such as the ones in the VD Center and Health Promotion Center of Region 6 in Khon Kaen Province. Therefore, in 1999, a Reproductive Health Clinic was established in Phuwiang Hospital, in order to provide such one-stop service.

Women would come to the Family Planning Clinic (usually open once a week, every Wednesday) in order to have a pelvic examination per vaginal (PV exam) and a pap smear to check for cervix cancer. If abnormal conditions of the reproductive system were detected during a PV exam, such as inflammation or infection of the uterus and itchy leukorrhea, they would be screened and diagnosed by well-trained screening staff using screening guidelines developed by the Public Health Policy Study Center of Mahidol University. They would be sent to see a professional nurse who had been trained in providing counseling and initial treatment. The staff would discuss the

findings with the patients, and health education about STDs and their prevention and treatment would be provided thereafter. Cases who appeared to have symptoms indicative of severe disease were required to be treated together with their sexual partners, simultaneously. They were advised and an appointment was made for their husbands to accompany them for joint counseling services. Those who did not bring the husbands would be given an explanation for their husbands, and medicine would be provided to take home for the husbands. They were advised to talk to and persuade their husbands to undergo treatment together with them.

For those without any abnormal PV exam findings, a pap smear would be done and the specimen would be sent to Khaen Nakorn Lab Company, where the doctor specializing in cytology would check and send the results back to Phuwiang Hospital within one week.

Those who had abnormal and sexually transmitted conditions, such as candidiasis, trichomoniasis and other bacteria would receive individual counseling. The baseline data, collected from women who came for counseling and treatment services at the Family Planning Clinic of Phuwiang Hospital in the period October 1999 - September 2001 (The Report of 2001), are shown in Table 3.

Table 3: Cases with Abnormal Conditions of the Reproductive System and STDs who received Counseling Services at the Family Planning Clinic, Phuwiang Hospital (2000-2001)

Type of Infections	2000	2001
*Candidiasis	52.46	58.32
*Trichomoniasis	21.36	31.44
*Other bacterial infections	26.18	10.24

Source: Family Planning Clinic, Phuwiang Hospital, 2001

Inadequate knowledge is one of the causes of these infections. The two types of knowledge are knowledge about the female body (that is, uterus, vagina and abnormal symptoms involving the uterus), and knowledge about STD prevention (for example, adequate cleaning or hygiene of the genital organs or avoiding having several sexual partners).

Another cause is frequent and violent sexual intercourse. Most did not practice cleaning the genital area immediately after intercourse, which caused the retention of secretions or fluids obtained during intercourse, leading to consequent infections.

Some of the men had risky sexual intercourse with commercial sex workers (CSWs) at entertainment venues. In addition, they had poor hygiene, and did not clean themselves adequately after having sex with CSWs. When their wives became infected and physicians advised treatment of both husband and wife, most of the husbands did not want to take medicine because they still had no abnormal symptoms. Some did not admit that they had brought the disease to their wives. In their sexual practice, most of the men

would do what they preferred and pay no attention to the illness of their wives. Most of the husbands did not come to see doctors with their wives, as was recommended by their doctors. Only a few husbands agreed to come with their wives to receive counseling services and cooperate in the treatment course.

The researcher believes that only health education given to women and husbands together, as a group or as individual counseling, are not sufficient to impart necessary knowledge and adequate awareness of the threat of STDs. There should be better methods of educating them. The researcher considered that a group process with participatory learning activities would improve knowledge and attitudes, and inform spouses of the correct practices to prevent STDs for the following reason. Participatory learning is a form of teaching-learning process believed to be most effective in developing different aspects of knowledge, attitudes and skills in a person (Nicol, ...). Kongpan (1992) studied the effectiveness of a health education project that used group participatory learning process against the level of anxiety, knowledge and practice of cervical cancer patients who received radiotherapy. He found that the group process helped lower the level of patient anxiety, increased the level of knowledge, and helped them to conduct the correct practices themselves. With regard to STDs, it is essential that spouses learn and acknowledge facts together as a way to develop husbands' responsibility in helping their wives by both providing psychological support and helping with the household chores. They also have to have a good level of mutual awareness about having safe sex.

Scope of the Study

This study is of married couples, during the period July-September 2002, where the females had vaginal infections from STDs (candidiasis and trichomoniasis).

Assumptions

1. The studied population was limited only to women who had abnormal conditions caused by STDs (candidiasis and trichomoniasis) and their husbands.
2. The study venue was the clinic at Phuwiang Hospital.

Expected Benefits/Outcomes of this Study

1. Married couples would have increased knowledge about STDs
2. Married couples would have more positive attitudes towards STDs
3. Married couples would have correct practices to prevent STDs.
4. Women would be able to negotiate safe sex.
5. Men would be aware that they have taken part in causing the transmission of STDs, and cooperate in prevention and treatment.
6. The educational technique could be utilized with other at-risk groups.

Definition of Terms.

Participatory learning refers to techniques used to increase the level of knowledge, attitude and practice of the target group. It is a mutual learning process among members of the same group comprised of data and knowledge exchange leading to mobilizing efforts to plan and solve problems together.

Knowledge refers to knowledge about STDs, their symptoms, treatment and prevention.

Attitudes refer to stable or constant feelings that a person has towards STDs regarding pathogenesis, symptoms, transmission, treatment and self-care practices.

Correct practice refers to a practice in disease prevention such as using a condom during every sexual intercourse, avoiding going to commercial sex workers (CSWs), avoiding having violent sex, and negotiating or discussing sex and the chances of STD transmission between members of married couples.

Sexually transmitted diseases refers to a group of diseases that are mainly transmitted through sexual intercourse, and in this study are trichomoniasis, candidiasis and HIV/AIDS.