

Public Health

Health problem:

Sexually transmitted disease (STD) is a disease which mainly occurs due to sex particularly by vaginal intercourse, anal sex or oral sex. STDs can also be spread through non-sexual contacts like infected blood and tissues, breastfeeding and transmission from infected mother to child during childbirth. Most of the STDs transmitted through mucous membrane of the penis, vulva, rectum, urinary tract, mouth, throat, respiratory tract and eyes. STDs can be prevented by vaccination and by use of condoms. Signs and symptoms of STDs comprises of vaginal discharge, penile discharge, ulcers on or around the genitals, and pelvic pain. STDs can occur before and during birth and these types of STDs have negative impact on the growth and development of baby. STDs can occur due bacterial, viral and parasitic infections. Bacterial infections comprise of chlamydia, gonorrhoea, and syphilis. Viral STDs comprise of genital herpes, HIV/AIDS, and genital warts. Parasitic STDs comprise of trichomoniasis (Beigi, 2010).

Low caste Indian women are more affected as compared to the other population due to STDs. There are multiple reasons responsible for more prevalence of STDs in low caste Indian women. Main reason for prevalence of STDs in this population is due to low living and health standards. Infectious diseases are more prevalent in people with low socioeconomic class. STDs are more prevalent in women as compared to the men. Hence, both, being as women and low socioeconomic class, are responsible for the more prevalence in low caste Indian women. Poverty, illiteracy, unemployment, unhygienic condition, lack of sufficient health care facilities and deficiency of gender centric treatment are responsible for the more prevalence of STDs in this population. India is highly populated country and approximately one third of the total population of India is of low caste. Hence, being the largest group of STD infected people in the world, more attention should be given to the low caste Indian women (Stanberry and Rosenthal, 2012; Murthy and Smith, 2010).

Social determinants:

Understanding the social and structural determinants of STDs would be helpful in implementing policies and recommendations for the prevention and management of STDs. In addition to the sexual contact, social determinates also play important role in the transmission of STDs particularly in women from low caste in India. Social determinants responsible for the transmission of STDs include economic, social, literacy, employment status. Other social determinants include access of health services, food security, hygienic housing, social exclusion

and stigma. It has been observed that there is inverse relation between economic status and susceptibility to STDs. Women living in the poverty are more susceptible for STDs. Due to poverty, there is less education and knowledge about the disease, less hygienic condition, less access to the healthcare facilities. All these economic determinants can lead to more prevalence of STDs in low caste Indian women because this population is with less economic stability in India. In few cases, poverty may also lead to sex with multiple partners and this is the most prominent reason for STDs. Registered female sex workers are identified less positive for STDs tests as compared to the unregistered female sex workers. It indicates, social status has impact on the occurrence of STDs (Sirotin et al., 2010).

Unstable social life can also lead to acquisition of STDs. Socially unstable women like unmarried, separated, widow and divorcees are at the higher risk of sexual behavior to satisfy their sexual desire. High risk sexual behavior due to social isolation can lead to the occurrence of STDs (Shendre and Tiwari, 2002). Illiteracy is directly proportional to the occurrence of STDs specifically among low caste Indian women. Illiterate women are with less knowledge about mode of transmission of these diseases. Hence, these women don't implement safe practices. There are high chances of less communication of these illiterate women; hence these women can't share their views on sex. Deficit in communication can lead to more occurrences of STDs among illiterate women (Dean and Fenton, 2010). Unemployment is one of the prominent socio-demographic factors responsible for high rate of STDs in low caste women in India. Unskilled women face various social issues and there is possibility of unsafe sex, which leads to the STDs (Shendre and Tiwari, 2005). Access to health services including health education is less in this population as compared to the other population. These women are unaware of health policies and hence, they are unable to treat their disease. Health equity is less in low caste population. Hence, women in this population get inadequate attention as compared to the men by family members, community members and healthcare professionals. Majority of these women live in rural areas. Moreover, healthcare professionals are unwilling to provide healthcare services in the rural areas. Hence, it would be difficult for them to get adequate access to health services. Women in this population are unable to get required treatment because of poverty (Satcher, 2010; Foege, 2010; Sharpe et al., 2010).

In case of low caste women, food security is less. Hence, there is more possibility of mobility of these women in search of food. Women in the rural area tend to have more workload to get food

because men remain sick most of the time due to addictions. This mobility of these women can lead to the transmission of STDs. There is a complex inter-relationship among STDs, agriculture, food security, rural poverty and mobility. Majority of the women in low caste population live in the unhygienic houses. Washing of the genitalia with contaminated water may lead to the occurrence of infection. Storage of the sanitary napkins in the unhygienic places may lead to more chances of infections. Women of this population mostly use uncleaned lavatories, public lavatories or open dirty environment for defecating. Hence, there is possibility of vaginal infection. In the community of low caste women, most of the infected women leave their inner wears in the dirty uncontrolled environment. As a result, it can lead to the spread of infection (Kesah et al., 2013).

Women in the low caste population are more prone to social exclusion due to their low socio-economic status. As a result of this social isolation, these women are more prone to high risk activities and behavior to escape emotional instability. Social exclusion also leads to the economic inequality. Economic inequality is one of the prominent factors responsible for STDs. Social exclusion may be due to segregation of houses. This segregation of houses can lead to insufficient access to the health services and insufficient knowledge of the disease. Stigma is one of the most important factors responsible for the occurrence of STDs in low caste women. Stigma of the STDs in these women may lead to the hiding about this disease. Hiding of the disease ultimately affects its management and it may lead to more spread of the disease (Dean and Fenton, 2010).

Potential stakeholders:

There should be incorporation of experts from different disciplines, social workers and allied health workers to address these social determinants of STDs. Government should play important role in addressing social determinants of health in STDs. Health department of the government should set policies for the control of STDs. There should be implementation of the awareness programme by the government for people living in the low caste rural areas. Government should arrange workshops and social meetings about the awareness and prevention of the disease. Government should implement 'health for all' policies. By this, women in rural areas can have access to health services. Government should make compulsion to the doctors to work in the rural areas. Government should provide subsidies for treatments for the women of low caste. It would be helpful in addressing social determinant associated with financial aspects. Social

workers should discuss with these women money saving for expenditure on the health services. Government should implement the strategies to eradicate root cause of the STDs (Goel, 2010). Different non-governmental organizations (NGO) should involve in tackling these social determinants. NGOs should analyze policies implemented by the government and suggest necessary amendments. Family members of the women should play key role for prevention and management of this disease. Family members should provide financial stability, hygienic house and food security to the women. Family members should also provide education to the women about STDs. By this women may feel comfortable in discussing about the disease. There should be gender equality in providing treatment in the family. There should be support from the family for management of the disease (Reed et al., 2010). Healthcare professionals should play key role in addressing few of the social determinants. They should provide education to these women about the disease. They should provide treatment at lower cost. They should arrange camps, discussions and meetings for addressing social determinants of STDs. By arranging health camps, they should perform tests on women to detect susceptibility to infection. They should educate these women about the personnel hygiene. Doctors and nurses at the maternity homes should educate women about STDs. Maternity homes are places where chances of infection spread are more. Hence, maternity home administration should maintain proper hygienic condition (Maynard-Tucker, 2014).

Public health epidemiologist should conduct surveys in the locality of the women of low caste. Epidemiologist should compile data related to the prevalence of the disease and contributing factors for the occurrence of the disease (Aral et al., 2005). This data would be helpful in implementing policies and recommendations for the management of the disease. There should be provision of hygienic condition by the local governing body. Rural panchayat should implement effect sanitation and waste disposal programme. This would be helpful in avoiding spread of the disease. Leaders in the locality should create sufficient job opportunities for the people. By this, there would be less mobility of these women to other localities and prevention of spread of the infection. Society and community members should play significant role in maintaining health and wellbeing of all the people in the society and community. There should not be discrepancies based on the gender, socioeconomic class and literacy. Society and community members can play role in avoiding social exclusion of these women. Lessening in the social exclusion can reduce chances of infection. Social workers and psychologist should counsel these women to

come out of the stigma and discuss about the STDs. Psychologist should also deal with behavioral and psychological aspects of these women. Due to most of the adverse conditions like unemployment and poverty, there is the possibility of depression and risk taking behaviors in this population (Coates et al., 2008).

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