

Sexually Transmitted Diseases during OP PAWAN

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The troops with sexually transmitted diseases reporting to Command Hospital, Air Force, Bangalore from Sri Lanka (OP PAWAN) from Sep 87 to Aug 88 were studied. The incidence of Sexually Transmitted Diseases among troops was 6.22 per 1000. The majority of them were sepoys (74.6%), of younger age group i.e. 21 - 25 years (49.6%), poorly educated (64.6%) and married (57.2%). The commonest source of contact was the prostitutes (64.9%) and chancroid was the most common STD amongst them (38%).

Keywords : STD during one

Since time immemorial the reference of sexually transmitted disease (STD) has been associated with Army and Service personnel. Throughout the world War years, there was increase in STD incidence in Army and Indian Armed Forces are no exception to this. Many factors can be held responsible for this increased STD incidence during war years. STD cases occurring in battle field become all the more significant as the Army loses its manpower for an illness which is completely preventable by abstention. The STD form a significant part of the non battle casualties of war¹. We have studied the STD occurring in troops involved in active operation during OP PAWAN.

Materials and Methods.

STD Centre of Command Hospital, Air Force, Bangalore started getting STD cases from Sri Lanka from September 87 and cases received upto August 88 are included in this study. The special treatment cards (AFMSF 6) in respect to these individuals raised during the time of admission were studied to collect information about them. The data available from CDR Pune is made use of. STD was diagnosed based on history of sexual exposure, clinical examination, laboratory investigations and blood STS.

Table - I Month wise receipt of fresh STD cases at CH(AF)

Year	1987					1988						
	Sep	Oct	Nov	Dec	Jan	Feb	Ma	Apr	May	Jun	Jul	Aug
Number	14	13	27	38	17	27	33	48	31	26	20	17

Results.

The number of STD cases reporting to CHAF Bangalore from Sri Lanka from September 87 to August 88 are shown in Table I. 21 (6.7%) of these patients had STD earlier and the cases on surveillance for STD contracted earlier were excluded. Considering only the fresh cases (n = 311) and taking 50,000 as the number of troops in operation, incidence of STD per 1000 troops is 6.22. Rank structure of the cases is shown in Table II. The maximum number of patients were

Table - II Rank structure of the cases

Rank	No	%
Officers	0	0
JCOs	1	0.3
NCOs	78	25.1
Sepoys	232	74.6

sepoys (74.6%). Duration of hospital stay is shown in Table III. The majority (54%) were

Table - III Duration of Hospital Stay (in days)

Duration	No	%
Upto 15	168	54.0
16-30	114	36.7
Above 30	29	9.3

hospitalised up to 15 days only. Different types of STDs seen in these patients are shown in table IV. Chancroid alone constituted 36% of them. Table V shows age wise distribution of patients. The maximum number of cases (49.5%) were in the age group of 21-25 years. Distribution of

Table - IV Types of STD seen among the cases

Type	No	%
Chancroid	112	36.0
Lymph Gran Vener	43	13.8
Syphilis	23	7.5
Acute Gonorrhoea	30	9.6
Other STDs	103	33.1

Table - V Age Distribution of the cases (in years)

Age group	No	%
16 - 20	12	3.8
21 - 25	154	49.6
26 - 30	89	28.6
31 - 35	47	15.1
36 - 40	9	2.9

cases according to their education is shown in Table VI. The maximum (63%) are in primary

Table - VI Education wise distribution of cases

Education	No	%
Illiterate	5	1.6
Primary	196	63.0
Secondary	108	34.7
Graduate	2	0.7

education group. Married individuals were more as shown in Table VII. Source of contact is shown

Table - VII Marital status of the cases

Marital Status	No	%
Married	178	57.2
Single	133	42.8

in table VIII. Prostitutes constitute the commonest

Table - VIII Source of Contact

Source	No	%
Prostitute	202	64.9
Amateur	46	14.8
Denied	63	20.3
Homosexual	0	0

source (64%) and Table IX gives the place of contact.

Table - IX Place of Contact

Place	No	%
Sri Lanka	3	1.0
Madras	43	13.8
Others	202	65.0
Denied	63	20.2

Discussion

Military statistics differ from civilian statistics because young sexually active often single males predominate in the military population. STD statistics can't be very accurate as a number of soldiers get themselves treated in civil for the fear of being disreputed as a venereal disease (VD) case in the unit. In a war setting, civil treatment not being within easy reach they report to the regimental medical officer at the first instance. More so they find it as an excuse to shun the fighting field.

The incidence of STD in Indian armed forces have shown increase during war years. The increase was much more during the second world war. The rate declined from 1949 onwards till it touched 2.41 in 1960. During the Sino-Indian hostility in 1962 an increase, though marginal, was observed. The nation passed through another emergency in 1965 when the incidence increased from 3.73 (of 1964) to 4.10 in 1965-66. There is another peak in 1971-72 with incidence of 4.12. Thereafter the situation has been improving. These annual incidence data relate to the whole of the Armed Forces, while the present calculation is based on a part of the Armed Forces². Once the soldiers become non-commissioned and junior commissioned officers they feel themselves responsible for the conduct their subordinates which is deterrent to any misconduct on their part.

In world War I, average hospital stay for British troops was 7 weeks⁴. Now in the penicillin era it is definitely reduced. None the less, still significant in terms of loss of fighting strength. Here most of patients (54%) were hospitalised upto 15 days.

In our study Chancroid forms the maximum number of STD cases (36%). The ratio of Syphilis:

Chancroid : Gonorrhoea is about 5:24:7. It was reported that in the general population of Madurai and Trivandrum Syphilis was found as the most common STD with 30.3% and 40% incidence respectively^{5,6}.

The stereotypical picture of a military patient with an STD is that of a young, low ranking, poorly educated, single male who tends to abuse alcohol, gets into legal problems and who usually has had more than one episode of an STD³. Most of our patients contacting STD are of younger age (49.6%) are in the age 21 - 25 years (Table-V). 63% of patients are Primary education passed (Table-VI). In World War II studies, with occasional exceptions, correlated the risk of STD with low levels of education⁷. With better education, awareness of disease appears to be responsible for decreasing STD incidence. 7.2% of soldiers having STD were married in our study.

Hart has studied Australian soldiers in Vietnam war and observed STD was frequent in soldiers. The venereal diseases impact in the situation was not so much due to the sociological background of those involved but rather a consequence of environment. The environment stresses of war produced behaviour pattern which the individual would not otherwise experience^{8,9}. Thus the cross section of STD patients bear little if any resemblance to that encountered in a stable civilian environment. Movement to war environment produced a disturbance of behaviour; soldiers became actively involved with prostitutes, had intercourse frequently and in excess and greatly increased the STD problem. The concept that advocates that the stress of war may induce promiscuity in most servicemen was known in World War II⁷.

Prostitutes remained the commonest source of infection. Madras accounted for 13.8%

as the place of contact. Individual soldiers while going to Sri Lanka had to stay in Madras Transit Camp for few days before boarding the ship for Sri Lanka. So they had free time at their hands to utilise in their best way before they entered the war field.

Factors which appeared to be responsible for this increased STD incidence can be (a) Uncertainty of survival hence the attitude of eat drink and be merry, (b) lack of disciplinary and moral control by superiors due to their pre occupation with operational matters, (c) Attempt to relieve emotional strains of separation from family and (d) Poor education.

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