

# PARTNER'S NOTIFICATION AND SAFE SEX IN MALE PATIENTS OF HEPATITIS B AND C

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## ABSTRACT

**Introduction:** Hepatitis B & C are sexually transmitted diseases. With universality of marriages and owing to social norms it is a taboo to discuss sexually transmitted diseases thus men can transmit this infection to spouses. The transmission to the spouse can only be prevented if men notify their partner and practice safe sex. This study aimed at exploring partner notification and safe sexual practices in Hepatitis B & C patients attending hepatitis clinic of Lahore General Hospital.

**Methodology:** 100 sexually active males attending hepatitis clinic of Lahore General Hospital were interviewed for safe sexual practices and partner's notification of disease status.

**Results:** Only 52% knew about disease transmission and only 12(12%) notified their partners about hepatitis and 53% used condoms out of which on 38% always used them while rest used them occasionally.

**Discussion and Conclusion:** A vast majority of male did not inform their partner about hepatitis B and C disease they had and half of them were not using safe sex showing neglect of proper counseling thus requires designated health personal to bring about robust counseling for behavior change.

**Key words:** Safe sexual practices, partner's notification, hepatitis B & C.

## INTRODUCTION

Hepatitis B & C are sexually transmitted diseases beside other modes of transmission.<sup>1</sup> Approximately, 257 million people are living with HBV infection that resulted in 887,000 deaths in 2015.<sup>2</sup> Hepatitis is B and C has high prevalence in Pakistan 2.4% and 3% respectively.<sup>3</sup>

Men have both sexual freedom and power over women in relationships, the use of condoms, telling your partner about STD and family planning remains subject to a man's willingness.<sup>4</sup> With universality of marriages and owing to social norms where it is a taboo to discuss sexually transmitted diseases, the transmission to the spouse can only be prevented by putting a burden on counseling the patients and the families regarding the diseases status and its sexual transmission, safe sex and partner's notification.

A study from China reported that 77% of males showed unwillingness regarding informing their spouses regarding the sexually transmitted infections and 40% continued to have sex.<sup>5</sup> A study done in India shows partner notification of STDs by 77.7% of the patients while showed only 40% of the partner return rate.<sup>6</sup> A study conducted among pregnant female in Nairobi showed Six per cent of the women had not

informed their partners about STD as they feared blame and/or violence.<sup>7</sup> While looking from the opposite perspective that is partner notification by physician, a study in France concluded that the concept of breaching confidentiality to protect a wife from her husband's STD was favored much more by lay people and psychologists than by physicians (mean ratings 11.76, 9.28 and 2.90, respectively, on a scale of 0–22). The patient's stated intentions to protect his wife and to inform her of the disease had the greatest impact on acceptability.<sup>8</sup> Another study explored women from Nairobi, found that after a positive HIV test result, only 3.5% would resort to using condoms.<sup>9</sup>

This study aimed at exploring partner notification and safe sexual practices in male Hepatitis B & C patients attending hepatitis clinic of Lahore General Hospital. In order to curtail its sexual transmission in community it is of paramount importance to explore partner notification trends to help stakeholders devise a more informed strategy.

## METHODOLOGY

A survey was conducted in hepatitis clinic of Lahore General Hospital and 100 male sexually active patients of either hepatitis B & C who were seeking treatment

were interviewed regarding notification of their disease status to their spouses alongside their socioeconomic and sexual practices.

## RESULTS

All patients were males and were either married or were having active sexual life. 3 (3%) of the patient's ages were in between 1-20 years, 70 (70%) in between 21-40 years, 25 (25%) in between 41-60 years and 2(2%) in between 61-80 years. 25(25%) of the patients were educated up to primary level, 38(38%) up to matriculation level, 9(9%) up to graduation and 28(28%) were uneducated. 6(6%) of the patients were government employees, 30(30%) were private employees, 7(7%) had their own business and 57(57%) had other occupations. The income of 24(24%) of the patients was in between 1000-10,000 rupees, 56(56%) in

between 11000-30,000 rupees, 15(15%) in between 30,000-50,000 rupees and 5(5%) above 50,000 rupees. Table 1.

52 (52%) of the patients know about its transmission. 60(60%) of the patients know about safe sexual practices and 40(40%) didn't know. About the condom use, 53 (53%) of the patients use condoms for safe sex and 47( 47%) of the patients don't use condoms. About the condom use frequency, out of 53(53%) of patients, only 20(38%) patients always use condom for safe sex, 12(24%) patients seldom use the condoms. 21(40%) patients don't know how frequently they use condoms for safe sex. About the partner notification of the disease, only 12(12%) patients told their spouse and 87(87%) patients did not tell their spouses about the disease. Table 2

**Table 1:** Sociodemographic characteristics of respondents n=100

Socio demographic characteristic	Categories	Frequency	Percentage (%)
Age	1-20 years	3	3%
	21-40 years	70	70%
	41-60 years	2	2%
	61-80 years	25	25%
Literacy	Uneducated	28	28%
	Primary	38	38%
	matriculation	25	25%
	Graduation	9	9%
Nature of employment	government	6	6%
	Private	30	30%
	Business	7	7%
	Any others	57	57%
Monthly Income	1000-10000rs	24	24%
	11000-30000rs	56	56%
	30000-50000rs	15	15%
	50000 above	5	5%

**Table 2:** Partner's notification and safe sexual practices N=100

variables	Response categories	Frequency	Percentage
Partner's notification	Informed partner	12	12%
	Did not inform partner	87	87%
Condom use	Used condoms	53	53%
	Did not use condoms	47	47%
Frequency of condom use*	always	20	38%
	seldom	12	24%
	Cannot specify	21	39%

\*n=53

## DISCUSSION

While hepatitis B & C remains one of the major killers in Pakistan a lot still needs to be done which can be

achieved by bringing the focus on weaknesses in the field of prevention. A horrifying picture was revealed showing that a big majority of men that is 87% did not

tell their spouses or sexual partners that they harbored hepatitis B or C which can be transmitted sexually putting them at risk of contracting the infection with deadly repercussions. Not only this, the overall burden of disease increases so are the financial implications on state for treatment of the disease and its complications. Such trend was also seen in China which also showed 77% majority was unwilling to reveal their STD to the sexual partners.<sup>4</sup> That was among males while women showed much more responsible attitude as shown in studies from Nairobi <sup>7</sup>.

So was the case with safe sexual practices that is use of condoms which showed that almost half of the patients never used condoms and amongst users only one thirds used them always which still put the partner at risk. This finding is also seen in Nairobi where women claimed only negligible proportions of male will use condoms after being tested for HIV.

While Man remains the fulcrum in the matrimonial/sexual relationship his counseling regarding partner notification and safe sex is of great significance for reducing sexual transmission of hepatitis B or C is the community. He plays a key role and his attitude can bring change in sexual transmission. Our findings suggest that this aspect is neglected and requires special attention in terms of counseling and targeted behavior change communications.

## CONCLUSION AND RECOMMENDATIONS

A vast majority of male did not inform their partner about hepatitis B and C disease they had and half of them were not using safe sex which implicates continued disease transmission sexually and the attitude needs change that which can only be achieved by targeting behavior change communication strategies robustly and designation of councilors to ensure positive behavior leading to better outcomes in term of reduction of disease burden.

## REFERENCES

1. Rooney G, Gilson RJ. Sexual transmission of hepatitis C virus infection. *Sexually Transmitted Infections*. 1998;74(6):399-404.
2. WHO. Guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection. Guidel. Prev. care Treat. Pers. with chronic Hepat. b Infect. 2015
3. Ali M., Idrees M., Ali L., Hussain A., Ur Rehman I., Saleem S., et al. Hepatitis B virus in Pakistan: A systematic review of prevalence, risk factors, awareness status and genotypes. *Virol. J.* [Internet]. BioMed Central Ltd. 2011. Available from: <http://virologyj.biomedcentral.com/articles/10.1186/1743-422X-8-102>. [PMC free article] [PubMed]
4. Meursing, K. and F. Sibindi (1995). "Condoms, family planning and living with HIV in Zimbabwe." *Reproductive Health Matters* 3(5): 56-67.
5. LIU, H., R. DETELS, et al. (2002). "Stigma, Delayed Treatment, and Spousal Notification Among Male Patients With Sexually Transmitted Disease in China." *Sexually Transmitted Diseases* 29(6): 335-343.<sup>‡</sup>
6. Sahasrabuddhe V V, Gholap T A, Jethava Y S, Joglekar N S, Brahme R G, Gaikwad B A, Wankhede A K, Mehendale S M. Patient-led partner referral in a district hospital based STD clinic. *J Postgrad Med* 2002;48:10
7. Gichangi P, Fonck K, Sekande-Kigundu C, Ndinya-Achola J, Bwayo J, Kiragu D, et al. "Partner notification of pregnant women infected with syphilis in Nairobi, Kenya." *International Journal of STD & AIDS*. (2000). 11(4): 257-261.
8. Guedj, M., M. T. M. Sastre, et al. (2006). "Do French lay people and health professionals find it acceptable to breach confidentiality to protect a patient's wife from a sexually transmitted disease?" *Journal of Medical Ethics* 32(7): 414-419.
9. Rakwar, J., N. Kidula, et al. (1999). "HIV/STD: the women to blame? Knowledge and attitudes among STD clinic attendees in the second decade of HIV/AIDS." *International Journal of STD & AIDS* 10(8): 543-547.