

PAYING THE PRICE

GONORRHEA IN THAILAND

By DENIS MARCHAND

How am I supposed to track down cases of sexually transmitted diseases without the proper tools and diagnose them rapidly without any lab for analysis?" Nibba laments out loud. "Especially gonorrhea—in women the symptoms usually aren't obvious."

Nibba is a nurse in a little health centre in the District of Surin in northeastern Thailand. Sitting in the doctor's special chair, she reflects on her helplessness. The expression on her face is sad and her whole bearing shows defeat.

She glances at the equipment in the dispensary. It consists of a few anatomical prints on the walls, a stethoscope, a reflex hammer, an ophthalmoscope, a pediatric scale, an examination table, a closet containing packets of salt, analgesics and antimalaria drugs donated by international humanitarian agencies.

"What can I really do when a mother brings her baby in with a serious eye infection and she herself has problems which may be caused by untreated gonorrhea?"

As she sees it, her main day-to-day job is to reduce the major causes of infant deaths, which are all too common in the region. She gives people information about malnutrition, dehydration caused by vomiting or bad diarrhea, and sicknesses brought on by drinking contaminated water. She checks the weight and temperature of the children and whether they have had their vaccinations against various infectious diseases.

Since 68 percent of Thai women give birth in their homes, helped by their husband and a neighbour or midwife, Nibba is often called upon for this duty. She also takes care of

minor injuries and refers serious cases to the provincial general hospital—only the very serious cases in fact. Poor and indebted, the local farmers can't afford to travel to a major city to get care. As for the women, they can't go away. They have to take care of the children, fetch water from the well, cook the meals, and work in the fields. There is still no comprehensive and effective health care available to the rural people.

3 MILLION CASES

In Bangkok, the Thai capital, Dr Amnuay Trisupha, director of the department of sexually transmitted diseases (STDs) at the Banrak Hospital Centre, is worried. Recent research confirms that STDs are spreading at an alarming rate in Thailand. Out of a population of 50 million, studies show that 3 million are affected. There are 700 000 prostitutes and masseuses, mostly between the ages of 15 and 24. Some 70 percent are infected with an STD.

In the previous year, Dr Trisupha personally treated six cases of infant blindness due to infections contracted in childbirth from mothers suffering from untreated gonorrhea.

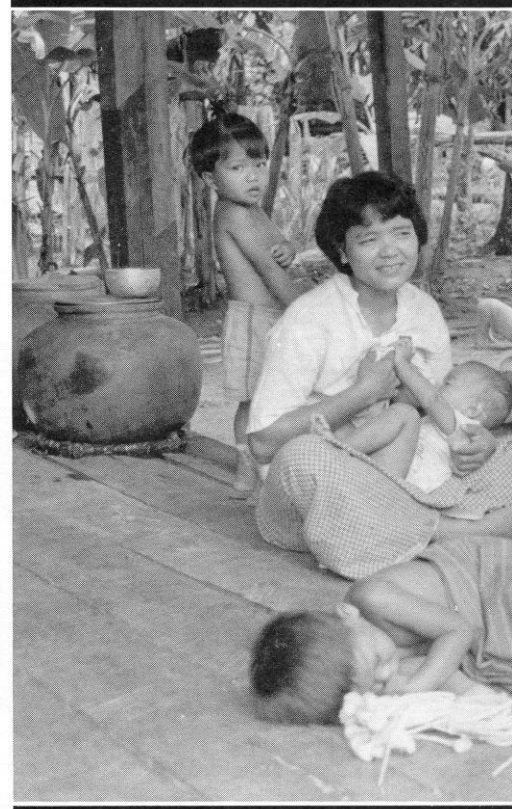
This frightening state of affairs persuaded Thailand's Minister of Health to set up a gonorrhea control program directed by Dr Trisupha. It is financially supported by IDRC. The phenomenal spread of STDs is probably due to the migration of people from one region to another, the liberalization of sexual mores, the lack of resources for STD detection in the provinces, and prostitution.

The impoverishment of the rural areas is forcing people to move into the cities and industrial or tourist areas where they try to pick up casual employment. But the high rate of unemployment stacks the odds against them. As a result, prostitution is the only source of income for increasing numbers of people.

THE WARRIOR'S REST

Prostitution has always existed, but in the 1960s it became a growth industry when six large U.S. military bases were installed in strategic locations along the borders. The bombers took off from them for raids on Vietnam. At one point there were about 40 000 men at these bases and they attracted tens of thousands of women who hoped to make money from prostitution.

To keep up troop morale and give the men a chance to forget the horrors while on leave, the U.S. armed forces set up a rest-and-



OF PROSTITUTION



recreation program in the surrounding countries. Local entrepreneurs built scores of hotels and bars to meet the enormous demand. The noble tradition of Asian massage became the pretext and screen for prostitution and the need for a constant supply of women became considerable.

Nowadays, the most obvious reminders of the Vietnamese War and GI rest and recreation are the beaches of Pattaya (where the 32 000 sailors of the 7th Fleet still take their rest) and Phatphong, the red light district of Bangkok.

The soldiers have been replaced by European, Australian, and Japanese tourists. Two million tourists visit Thailand every year and 60 percent of them admit their motive is exotic sex at a low price. Correcting this situation is difficult because of the country's chronic poverty. For most of the women involved, it is the only possible way to make a living, even if it does destroy their health.

STDs used to be most common in the big urban centres where there are hospitals and special clinics. Now they are ravaging the countryside where there are few, if any centres to track and treat them.

WOMEN AND CHILDREN FIRST

"Can one call it a panic? No, but there is good reason to be concerned and take the bull by the horns for the good of the whole community," says Dr Trisupha. "Our preliminary research shows that immediate action must be taken to look after the women and children, the most vulnerable victims, and to protect them against the serious complications that result from undetected and untreated gonorrhea. Some of the consequences are dramatic: infection of the fallopian tubes, high-risk pregnancies, female sterility, blindness in children, and systemic infection of future generations."

About 80 percent of Thailand's doctors practice in Bangkok which has a population of 5.2 million. The remaining few serve 50 000 villages and communities with about 45.2 million inhabitants.

Thailand does, however, have an extensive network of health centres. There are 95 provincial hospitals, 573 district hospitals, and 7000 small health centres. A structure does exist and what the Ministry of Health hopes to do is to provide every unit in the system with the tools needed to combat STDs, especially the most widespread, gonorrhea. To do this, it plans to set up close links between the various establishments and provide the relevant training for all health

personnel, including the staff at the small district hospitals and volunteers.

SIMPLE TECHNIQUES

Extensive research is being done to develop a simple, low-cost method of detection that does not require the presence of a specialist. Such a technology could easily be applied in all the regional health establishments.

Three years ago, the drugs came from Europe in the form of ready-to-use capsules. They cost seven times as much as those now used, which are made by the Banrak Institute in Bangkok. "That represents considerable progress," Dr Trisupha says. "It's even quite realistic to think of manufacturing it in provincial towns. Our research should get us to that point."

Another of the research program's objectives is to reach a point where biological cultures can be analyzed at small district hospitals. That would make it possible to save money (transport and administration) and increase the reliability of the tests, since the Thai climate makes sending samples any distance risky.

Reaching the lowest echelons of health personnel and the population as a whole is a formidable challenge in a developing country. The firm intention of the government to solve the problem, combined with the research in progress and the measures already taken, should stop the spread of gonorrhea, according to Dr Trisupha. He estimates that within two years efficient methods of detection, diagnosis, and treatment will be available in all regions of the country, and the population will be well informed about the causes, nature, and consequences of this contagious scourge.

However, although he doesn't seem to be overly disturbed by it, Dr Trisupha does mention the appearance of new strains of gonorrhea resistant to penicillin and requiring other kinds of medication or antibiotics too expensive for most of the population.

Now that this 'super-gonorrhea', as Dr Trisupha calls it, has appeared, the researchers have to be even more concerned about the cost of wiping out the disease and about finding money to continue with increasingly complex research. □

Denis Marchand is a Canadian freelance photographer and writer. He visited Asia under a project of the Fédération professionnelle de journalistes du Québec, financed by the Canadian International Development Agency.

Photos: Denis Marchand