

Genital warts and condom use in HIV-positive patients referred to High-Risk Behaviors Consultation Center in Shiraz, Iran, between 2018 and 2019

Zahra Yazdanpanahi¹, Marzieh Akbarzadeh², Zahra Rastegari², Setareh Derakhshanpour²

¹Maternal-Fetal Medicine Research Center, Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran

²Community-Based Psychiatric Care Research Center, Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract

Introduction: People with untreated human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) are more prone to present active human papillomavirus (HPV) infections, and may experience worse symptoms of HPV, such as cervical and penile warts. Therefore, HPV prevention is especially important in HIV-positive individuals. This study aimed to investigate the frequency of genital warts and condom use in sexually active individuals with HIV/AIDS treated in the Behavioral Counseling Center of Shiraz.

Material and methods: 224 HIV-positive subjects (112 males and 112 females) were included in this cross-sectional study, selected from database of the Behavioral Counseling Center of Shiraz, with simple random sampling. Data were collected using demographic questionnaires, interviews, and medical records.

Results: Genital warts were reported only in 13.4% of women and 17.0% of men, and the percentage of condom use among women and men was 65.2% and 74.1%, respectively. Moreover, 68.8% of men and 87.5% of women presented first stage of HIV infection.

Conclusions: According to the results, condoms were the most commonly used form of contraception in women and men with HIV/AIDS, and genital warts were reported only in 13.4% of women and 17% of men, few of whom did not use any contraception. Due to high percentage of genital warts among participants, there is a need to encourage these patients to use condoms due their protective effects and reduction of cervical and penile lesions.

HIV AIDS Rev 2022; 21, 2: 169-174
DOI: <https://doi.org/10.5114/hivar.2022.115761>

Key words: genital wart, contraception, HIV/ AIDS, condom. comparison between BD and FDMN.

Introduction

Cervical cancer is one of global health problems resulting in malignancy due to infection with human papilloma-

virus (HPV) [1, 2]. Although HPV consists of roughly 100 subtypes, not all HPV types have been linked to cervical cancer. HPV16 and HPV18 are the most commonly occur-

Address for correspondence: Setareh Derakhshanpour, Community-Based Psychiatric Care Research Center, Department of Midwifery, School of Nursing and Midwifery, Shiraz University of Medical Sciences, Shiraz, Iran, e-mail: derakhshanpour.setareh@gmail.com

Article history:
Received: 08.10.2021
Received in revised form: 21.12.2021
Accepted: 25.12.2021
Available online: 04.04.2022



disease per 100 persons in a year. Also, low CD4+ cells count was associated with prevalence of HPV, but prolonged use of HIV/ AIDS drugs did not have a protective effect [1]. Decreased CD4+ cells would increase the risk of HPV. In other words, HIV is a risk factor for HPV; also, failure to receive prompt antiviral treatment in AIDS patients can make them susceptible to other sexually transmitted infections (STIs) [24, 25] due to HPV transmitted via skin-to-skin contact. Therefore, barrier methods, such as male and female condoms, should be recommended, but the users need to be aware that condoms do not guarantee full protection [26].

A study among American young women showed that unvaccinated women had a lower socio-economic status compared to vaccinated ones, which may affect their access to preventive healthcare. The study emphasized the need to focus on improving screening in this population by eliminating barriers both for the provider and patient. Recognition of disparities in screening among unvaccinated women is the first step towards improving cancer preventive care and health equity in this group. The need for targeted educational and strategic programs by healthcare providers for screening and vaccination was emphasized [27].

Another important point is the encouragement of education, and its' ability to prevent cervical cancer and recommended use for all genders. Emphasis on girls, as on those who need to be concern about HPV because the virus can result in cervical cancer, may draw away attention from boys who also need to be trained.

Anderson explored primary care and the role of physicians in deciding to vaccinate the patients. Respondents were three times more likely to get vaccinated if they learned about the vaccine from their physician's, compared to those who came to know about it from the media or advertisements. Physicians have an important role to play. However, since they are also faced with serious time limitations, it is better to train people by other healthcare providers [28].

It appears that the reason for the difference between the present study and others is patients' self-reporting on HPV infection in comparison with those who refused to express the real condition of the disease, either because of ignorance or shame of talking about it.

Due to a problem of accessing patients and their records in the community, sampling was performed among patients who referred to the center as self-reported cases. This could be considered as an obstacle to generalize the results of this study to the patients throughout the country.

Limitations

One limitations of this study was difficulty to access patients in the community and multiple medical centers; therefore, we have to choose AIDS/HIV patients from the Behavioral Counseling Center of Shiraz, which could be an obstacle to generalize the results throughout the country. Sometimes, the participants after giving a consent for participating in this research interrupted the interview and

wanted to leave, then the researcher tried to talked and convinced them to cooperate; however, some of them did not agree to continue. This prolonged the time of the study. Due to nature of the research and reluctance of patients to physical examination, questionnaires were applied.

Conclusions

According to the results, condoms were the most commonly used form of contraception in women and men with HIV/AIDS, and genital warts were reported only in 13.4% of women and 17.0% of men. Moreover, most of these patients were in the first stage of HIV infection and they did not show any symptoms. This group of individuals is more likely to be exposed to HPV due to immunodeficiency. Therefore, they need to be encouraged to use condoms because of their protective effects. It is vital that HIV-positive patients are informed by the health care providers about the risk of acquiring HPV from close physical contact with presence of HPV lesions. Additionally, it is important that these patients should be educated by healthcare providers that barrier protections, such as condoms, does not provide complete defense against genital HPV.

Acknowledgments

The authors would like to thank the Shiraz University of Medical Sciences, Shiraz, Iran, and also the Center for Development of Clinical Research of Nemazee Hospital as well as Dr. Nasrin Shokrpour for editorial assistance and Mr. Alimohamad Keshtvarz for statistical analysis.

Conflict of interest

The authors declare no conflict of interest.

References

1. Chikandiwa A, Kelly H, Sawadogo B, et al. Prevalence, incidence and correlates of low risk HPV infection and anogenital warts in a cohort of women living with HIV in Burkina Faso and South Africa. *PLoS One* 2018; 13: e0196018.
2. Adenis A, Dufit V, Douine M, et al. High prevalence of HPV infection in the remote villages of French Guiana: an epidemiological study. *Epidemiol Infect* 2017; 145: 1276-1284.
3. Chrysostomou AC, Stylianou DC, Constantinidou A, Kostrikis LG. Cervical cancer screening programs in Europe: the transition towards HPV vaccination and population-based HPV testing. *Viruses* 2018; 10: 729.
4. Aleksioska-Papestiev I, Chibisheva V, Micevska M, Dimitrov G. Prevalence of specific types of human papilloma virus in cervical intraepithelial lesions and cervical cancer in Macedonian women. *Med Arch* 2018; 72: 26-30.
5. Clifford GM, Tully S, Franceschi S. Carcinogenicity of human papillomavirus (HPV) types in HIV-positive women: a meta-analysis from HPV infection to cervical cancer. *Clin Infect Dis* 2017; 64: 1228-1235.
6. Khodabandehloo P, Vadiea S, Malekafzali Ardakani B. The sociological explanation of the genital wart outbreak; case study of patients treated in Bouali and Javaheri Hospitals in Tehran. *Medical Science*