

Original Research Article

Penile beads and its associated infections: a descriptive study

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ABSTRACT

Background: Practice of introducing glass beads in the penis has been done amongst the poachers from the neighboring countries of Andaman and Nicobar Islands, e. g. Myanmar, Thailand and Indonesia to improve their sexual performance.

Methods: Patients attending the skin OPD, G.B. Pant Hospital and the poachers in the District Hospital, Port Blair with beads and foreign body introduced in the penis were included in this study.

Results: Totally 41 patients were enrolled in this study. All the patients were poachers (from Myanmar and Thailand). About 90% had inserted glass beads into the prepuce and 10% had injected oil. About 17% and 36.58% of these poachers were suffering from HIV infection and other sexually transmitted infections respectively. About 19.5% of the poachers had syphilis.

Conclusions: It is observed that this peculiar sexual habit or behavior cause increased incidence of sexually transmitted diseases and AIDS in these poachers and hence it is a risky practice.

Keywords: Penile beads, Sexually transmitted diseases, Poachers

INTRODUCTION

The traditional sexual practice of introducing glass-beads or injecting oil into the prepuce has been observed among the poachers from Myanmar and Thailand. Geographically Andaman and Nicobar Islands are nearer to Myanmar, Thailand and Indonesia than the mainland of India. Demographically and culturally the indigenous tribal people of Andaman and Nicobar Islands are closer to the tribes of the neighboring countries. Hence, the interactions and cultural intermingling amongst the tribals of these islands and those of the neighboring has been existing since the antiquity.

The poachers from the neighboring countries poach for ornamental timbers, bamboos, corals, shells, colored-stones, fishes, sea-cucumber, sea-urchin, amber,

Hawabills, etc. These poachers are often apprehended, detained, prosecuted and imprisoned by the Indian Coast Guard, Indian Navy, forest officials and the civil police before they are deported to their respective countries. During their stay in Port Blair these foreign poachers come in contact with the local people mainly comprising of indigenous Tribals, Nicobaris, penal settlers, post-independence settlers', migrant laborers and small traders. However, interactions amongst these tribes have declined significantly in recent times due to enhanced vigilance of the Indian Defense.

Many of these poachers have been found to be suffering from various STDs and HIV infection. They are sexually very promiscuous. Many of them are found to have glass-beads or olive oil in their prepuce. It is a traditional sexual practice found amongst these poachers from

Myanmar and Thailand. They believe that introduction of glass-beads or olive oil in the prepuce increase the size of their penis and it enhances the sexual stimulation and pleasure in the female partner during coitus.¹⁻⁶

Thus we performed this study to assess the purpose and method of the traditional sexual practice of introducing beads and oil into the prepuce of penis amongst the poachers from Myanmar and Thailand and to assess the hazards and complications, if any, due to such sexual practices.

METHODS

This is a descriptive study. The patients with beads or foreign body in their penis who attended the Skin and STD Clinic at G.B. Pant Hospital, Port Blair and the poachers with beads or foreign body in their penis who were detained in the District Jail, Potherapur, South Andaman were included in the study after taking their consent. The study was conducted from July 1999 to June 2005. The patients who did not give consent for participating in the study were excluded.

A detailed history including the history suggestive of STDs, sexual habits and sexual practices etc. was obtained from each patient through an interpreter. General, systemic and genital examinations were carried out; all relevant investigations including VDRL and ELISA for HIV-1 and HIV-2 were performed for every patient. The numerical data is expressed as number and percentage.

RESULTS

Of the 41 patients included in this study, 37 patients were found to have beads inserted and 4 patients had oil (4) injected into the penis. All were male poachers. Thirty two (32) were from Myanmar and nine (9) were from Thailand.

Table 1: Age distribution of the patients.

S. no.	Age in years	Number of patients	%
1	16-20	08	19.51
2	21-25	25	60.97
3	26-30	04	09.756
4	31-35	03	07.31
5	36-40	01	02.439
Total		41	100

Majority of the patients were from 21 to 25 years (60.97%) followed by 16 to 20 years (19.51%). Majority of the patients were married (87.8%) (Table 2). Majority of the poachers were illiterates (43.9%) (Table 3).

Table 2: Marital status.

S. no.	Marital status	Number of patients	%
1	Married	36	87.805
2	Unmarried	05	12.185
Total		41	100

Table 3: Education status of the patients.

S. no.	Education status	Number of patients with penile beads	%	Number of patients with olive oil injected	%	Total	%
1.	Illiterate	18	43.90	03	07.31	21	51.22
2.	Primary school	11	26.829	01	02.439	12	29.268
3.	Secondary school	08	19.51	Nil	----	08	19.51
Total		37	90.243	04	09.756	41	100

Table 4: Associated infections.

S. no.	STDs	No. of patients	%
1	HIV infection	07	17.07
2	Syphilis	08	19.51
3	Lymphogranuloma venereum	03	7.31
4	Herpes genitalis	01	2.44
Total		19	46.34

STIs were present in 19 patients (46.34%). Among 8 patients with syphilis, the following are the distribution of the patients in various stages of syphilis.

- Primary syphilis- 1 patient;

- Secondary syphilis- 2 patients;
- Late latent syphilis- 5 patients.

Following are the details regarding the 4 patients with mixed infections.

- HIV infection and secondary syphilis- 02
- HIV infection and herpes genitalis- 01
- Lymphogranuloma venereum and late latent syphilis- 01

All the patients had given history of unprotected multiple heterosexual exposures in their respective countries. Three of the poachers also had unprotected heterosexual exposures with the local commercial sex workers in Port

Blair. All but three of them had tattoo marks on their body.

Table 5: Patients with associated diseases.

S. no.	Diseases	No. of patients	%
1	Scabies	03	07.21
2	Fever (unknown origin)	04	09.756
3	Tinea infections	14	34.146
Total	-	21	51.219

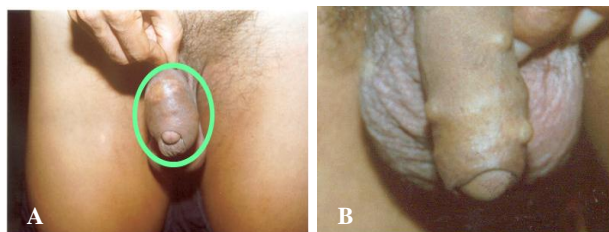


Figure 1 (A and B): Subpreputial and subcutaneous implants in the penis.

Small glass pieces were rubbed over a hard and rough surface to make them smooth and round or oval in shape. The small beads were boiled and introduced into the prepuccial sac or inserted into penile shaft subcutaneously by making small incisions with a sharp knife. Usually 2-4 beads were introduced. Olive oil was injected in 4 patients by using a syringe (10-20 ml) with wide-bore needle. Single syringe was used for several persons.

DISCUSSION

Insertion of foreign body into the penis is a practice which is seen among the prisoners globally. This practice is followed with the belief of enhancing sexual pleasure in the sexual partner, to overcome the boredom in prison and it also serves as income for those performs implantation. It is believed that size of the penis increased and during coitus the hard glass-beads are rubbed against the vaginal wall and the clitoris.¹⁻⁶ In the present study, all the patients who were poachers from the neighboring countries claimed to have inserted the foreign body with the intention to enhance the sexual pleasure or in the female partner.

Penile implants derive various names globally such as Yakuza beads, pearls, penile implants, penile beads, penile nodules, penile inserts, speed bumps, and penile marbles. The various foreign bodies inserted into penis include ball bearings, plastic beads made from toothbrushes, glass, metal pellets, silicon, precious metals, marbles and pearls.^{7,8} In this study, 37 (90.2%) patients had glass beads inserted into the penis and 4 patients (9.76%) had oil injected into their penis. About 37 (90.2%) of the patients belonged to the most sexually active age groups, i.e. 16 to 30 years and most of them

were married. All of them had sexually promiscuous behavior.

The increased prevalence of HIV and sexually transmitted infections (STIs) among these patients could be due to sharing of the materials to insert the penile beads and the process performed in unsterile manner. The abrasions in the genitalia caused by the beads could increase the chance of spreading the STIs. The difficulty to wear the condoms due to altered contour of the penis could also be an attributing factor.^{7,8}

Apart from the acquisition of STIs and HIV acquired during the process of insertion of the beads, the promiscuous sexual behavior of the poachers made them more susceptible to acquire sexually transmitted diseases and HIV infection. Minor abrasions in the genital mucosa due to the beads during sexual intercourse also might have contributed to these infections. Lack of education and awareness amongst these poachers is also an attributable factor.

The practice of inserting the foreign body into penis is observed as a cultural aspect in some of the people in North and Southeast Asia, Pacific zone and Aboriginal men in Australia.¹⁻⁴ The glass-beads and olive oil are inert substances and usually do not cause tissue-reaction. But some of the patients do develop inflammatory reaction, secondary infection, penile erythema and edema during the early phase following the foreign body insertion.^{5,8,9} Apart from prisoners, this practice is also observed in other group of people such as drug addicts, seamen, militants and those from lower socio-economic strata.^{3,9-12}

CONCLUSION

The present study highlights the unusual sexual practice among the poachers from Myanmar and Thailand which increases the incidence of STIs among them. Counselling of the poachers is a mainstay to prevent the acquisition and transmission of STIs. The stringent vigilance by the armed and security forces had led to the decline in the intrusion of the poachers which needs to be continued.

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Ethical approval: The study was approved by the institutional ethics committee

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