



International Journal of Allied Medical Sciences and Clinical Research (IJAMSCR)

ISSN:2347-6567

IJAMSCR | Volume 6 | Issue 2 | Apr - Jun - 2018
www.ijamscr.com

Research article

Medical research

Striplings' acquaintance and allied factors on sexually transmitted infections

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ABSTRACT

Background

Some of the public health challenges for adolescents include Sexually Transmitted Infections (STIs), RTIs (Reproductive Tract Infections) and the rapidly rising incidence of HIV infections in this age group. In the Ethiopia it is one of the major health problem which affect highly adolescents. So assessing their knowledge or acquaintance about STIs will provide an insight to the reproductive & sexual health needs of adolescents.

Objectives

To assess the acquaintance and allied factors regarding sexual transmitted disease and associated factors among Alamata preparatory school student striplings, Alamata town, South Tigiray, Ethiopia.

Methodology

Institutional based cross sectional study was conducted from February 1 to March 2017. Systematic random sampling technique was used to select the sample size of 328. The collected data were analyzed using descriptive and inferential statistics.

Results

Knowledge on STIs, Majority of respondents (93.1%) were known about routes of sexually transmitted infections of transmission. Age, sex, residence and grade level has a significant association with knowledge about sexually transmitted infections.

Conclusion

Most of the students are aware that using condom decrease sexually transmitted infections even though majority of the students knew as using condom decrease STIs, other students were said I don't know this shows students still needs awareness creation 82.6% had good knowledge.

Keywords: Striplings, Acquaintance, Allied Factors, Sexual Transmitted Infections.

INTRODUCTION

Sexually transmitted Infections (STIs), unwanted pregnancies and other problems resulting from sexual activity have increased among adolescents. Sexually transmitted infections are infections which are mainly transmitted from one person to another through intimate contact. The infection can be spread through oral, vaginal, or anal sex, or through contact with blood during sexual activity. Although uncommon, transmission can also occur through direct contact with affected body parts, tissue, or body fluids of infected persons. Some STIs such as hepatitis B can also be transmitted through sharing or using unsterilized needles. [1] World Health Organization (WHO) identifies the age range 10-19 years as the period of adolescence, while the term youth denotes the age group 15-24. [2]

The stage of life during which individuals reach sexual maturity is known as adolescence. It is the period of transition from childhood to adulthood. Although the change is biological, the duration and nature of adolescence are primarily a social construct and thus vary greatly from culture to culture. Sexually transmitted diseases are illnesses that have a significant probability of transmission from infected person to normal persons through sexual behavior, including vaginal intercourse, oral sex, and anal sex. [3] Since 2001, the number of people newly infected in the Middle East and North Africa has increased by more than 35% (from 27 000 to 37 000). Middle East and North Africa were the second most suffering region which experienced significant increases in mortality from AIDS. The limited HIV information available for the Middle East and North Africa indicates that approximately 300 000 (250 000–360 000) people were living with HIV in 2011 compared to 210 000 (170 000–270 000) in 2001. [4] The problem with most STDs is that they can occur symptom-free and can thus be passed on unaware during unprotected sexual intercourse. [5] Female adolescents are likely to have a higher risk of contracting an STD than their male counterparts as their partners are generally older and hence more likely to be infected. [6] In order to institute appropriate preventive measures there is need to

establish the profile of knowledge of the predisposing factors and causation of STDs, attitude to sexual practice and sexual patterns among the susceptible young people, such as adolescents students. [7] The World Health Organization (WHO) estimates that 150–300 million new cases of curable sexually transmitted diseases (STDs) occur annually worldwide. Improvement of reproductive health education and the social status of women are now seen as necessary tool for further progress in fertility reduction. [8] Sexually transmitted diseases (STDs) have been conventionally recognized as a major public and social health problem for a number of years now. [9]

OBJECTIVES

- To assess the acquaintance toward sexual transmitted infections among Alamata preparatory school striplings.
- To determine the factors that associated with the acquaintance on STIs among Alamata preparatory school striplings.

METHODOLOGY

Study area and period

The study was conducted in Alamata town from February 1 to March 1 2017.

Study design

Institutional based cross sectional study design was employed.

Population

Source population

All Alamata preparatory school student striplings.

Study population

Selected student striplings from Alamata preparatory school.

Inclusion and Exclusion criteria

Inclusion criteria

- Students who were willing to participate.
- Students who were present during data collection.

Exclusion criteria

- Students who were suffering from severe mental illness.

Sampling technique

The study subjects 328 were selected randomly by using systematic random sampling technique.

Data collection tool and method

The data were collected using self-administered structure knowledge questionnaire. The questionnaire consists of 2 parts.

Part: I Socio Demographic Variables.

Part: II Structure Questionnaire to assess the Knowledge on STIs.

Prior permission was obtained from the concerned authority. Informed consent obtained from the subjects. The data were collected by 10 trained BSc Nursing professional. Data collectors were trained 2 days before data collection. Pre test was conducted for 10 % of study population in other high school. At the end of the day obtained data were checked for completeness. Later, the data edited, coded and analyzed by principle investigators and team.

Variables

Dependent variables

- Acquaintance or Knowledge

Independent variables

- Age, sex, religion, educational status, ethnicity, grade, ethnic group, with whom they are living, residence, source of help.

Data quality control

To ensure the quality, the data were pretested and checked for its completeness and consistency by investigators. The collected data was rechecked by the principle investigator & the team. After checking the consistency the questionnaire was translated from English to local language Tigrigna.

Data processing and analysis

The collected data were analyzed by descriptive and inferential statistics. The result has been Presented using tables and graphs.

Operational Definitions

Striplings

In this study it refers to the preparatory students who are adolescents aged between 15- 19 years and studying in selected school.

Ethical Clearance

The ethical clearance was obtained from Wollo University, College of Medicine and Health Sciences, School of Nursing and Midwifery office and formal permission was taken from the concerned authority of Alamata preparatory school and confidentiality of study participants was assured and maintained.

RESULTS

Socio demographic characteristics

Table 1: Distribution of socio demographic characteristics of striplings by their acquaintance on sexual transmitted infections

Feature	Category	Frequency	Percentage (%)
Ethnicity	Oromo	4	1.2
	Amhara	35	10.7
	Tigre	285	86.9
	Afar	4	1.2
Grade	Grade 11	162	49.4
	Grade 12	166	50.6
Place of birth	Urban	260	79.3

	Rural	68	20.7
Marital status	Single	317	96.7
	Married	11	3.3
Place where he or she living	Relative house	35	10.7
	In rental house	106	32.3
	In family house	185	56.4
	Others	2	0.6
	Total	328	100
He/she living With whom	Family	245	74.7
	Relative	32	9.8
	Friend	36	10.9
	Alone	15	4.6

Above cited data shows that among 328 strippler them about 272 (82.9%) were in age group of (15-19), 56 (17.1%) were between 20-24 years. Further than, 195 (59.45%) were males and rest (195) were females. Surrounded by 285 (86.9%) were Tigre ethnic group and the rest others (13.1%). The majority of students 166 (50.6%) were grade 12 and rest belongs to grade 11. In case of place residence 260 (79.3%) have been live in urban area and the rest (49.4%) in rural

area. Regarding to their marital status 316(96.3%) students were single and 11(3.3%) were married. As per the result the majority 291(88.7%) were orthodox, 31(9.5%) of students were Muslim, 4(1.2%) protestant and 2 (0.6%) were catholic. Majority of the students 258 (78.6%) get support from their family, 34(10.4%) from their brothers and sisters, 2(0.6%) from NGO and the rest 34(10.4%) of them by self support.

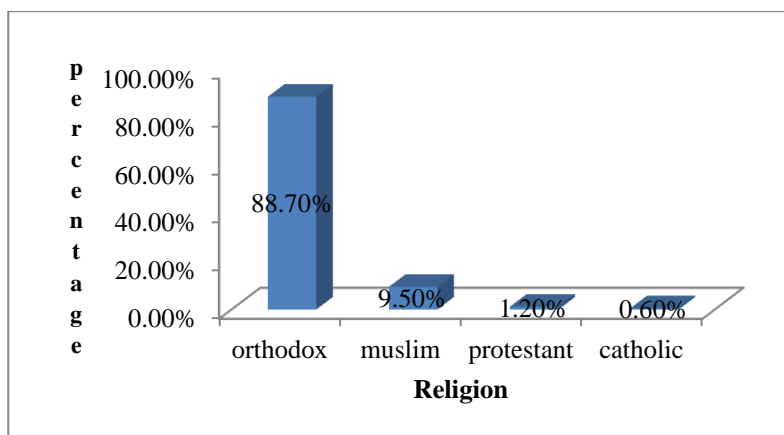


Figure 1: Religious distribution of Alamata preparatory school students Knowledge about sexually transmitted disease and source of information

Out of the total respondents, majority of them 290(88.4%) were heard about STD and 38(11.6%) were not heard. Regarding to the source of information 90(31%) are got information from

school, 46(15.9 %) from radio, 125(43.1%) from TV, 23(7.9 %) from magazine, and 6(2.1 %) from other source (Internet, health workers and his/her friend).

Table 2: Distribution of students according to knowing about sign and symptom of STIs in Alamata preparatory school

Variables	Categories	No	Percentage %
Heard about STIs	Yes	290	88.4
	No	38	11.6
Know about sign and symptom of STIs	Yes	277	84.5
	No	51	15.5
Sign and symptom in male	Abdominal pain	21	7.6
	Burning pain on urination	212	76.5
	Redness on genital area	39	14.1
	Blood in urine	5	1.8
Sign and symptom in female	Abdominal pain	55	19.5
	Burning pain on urination	155	55.9
	Redness in genital area	41	14.8
	Blood in urine	26	9.4
Know using of condom decrease STIs.	Other		
	Yes	283	86.3
	No	5	1.5
	Not know	40	12.2

Above depicted data revealed that, majority of the students 277(84.5%) were know about sign and symptoms of STD and 51(15.5%).not knew about it. Regarding sign and symptoms of STD in female, 55(19.9%) were know abdominal pain, 155(55.9%) burning pain during urination,

41(14.8%) redness in genital area, 26(9.4%) were know blood in urine. Regarding the sign and symptom in male, 21(7.6%) were know abdominal pain, 212(76.5%) were know burning pain on urination, 39(14.1%) were know redness in genital area, 5(1.8%) were know blood in urine.

Table 3: Association of demographic data to knowledge of STIs

Acquaintance							
Variable	Good knowledge	Poor knowledge	Total	Chi-square	Odds ratio	CI	P -value
15-19	218	52	272	6.3	0.2394	0.079_0.83	0.0234
20-24	53	3	56				
Male	169	26	195	5.47	1.975	1.16_10.1025	0.0256
Female	102	31	133				
Urban	220	37	257	7.34	2.332	1.073_10.1451	0.0375
Rural	51	20	71				
Social	82	24	106	3.02	0.5966	0.4811_2.3178	0.8919
Natural	189	33	222				
Grade 11	119	43	162	18.72	0.2549	0.0785_0.7456	0.135
Grade 12	152	14	166				
Single	254	51	305	1.306	1.758	0.661_4.6747	0.2584
Married	17	6	23				
Christians	242	51	293	0.005	0.9817	0.3876_2.4869	0.969
Muslim	29	6	35				

Factors associated with acquaintance towards STI

Above stated table reveals that, age, sex, residence, grade level have significant association with acquaintance of STD as evidence by p-value <0.05 . On the other hand variables like religion, marital status, have no any significant association as evidence by p-value >0.05 with the table value.

Based on the age distribution of the respondents most of the students who answers more than the mean average of the total respondents, those who answer more than 5 among 8 acquaintance questions considered to have good acquaintance.

Most of students who had good acquaintance about STD was belongs to age group of 20-24 years, being in the age group of 20-24 years

As shown in the table 53 (95%) of respondents who were among the age group 20-24 were have had good knowledge 4 times increases chance of knowing about STD than with in age group 15-19 years 220(80.9%) about STIs. Awareness on STIs was higher (75.6 %) among residences of urban. A Significant association was observed between age and acquaintance, residence and acquaintance, grade level and acquaintance with a chi square value of $\chi^2=6.3$, $\chi^2=5.47$ and $\chi^2=7.37$ respectively.

DISCUSSION

Young people are particularly vulnerable to STDs and consequent health problems. [10] The acquaintance school students striplings towards sexually transmitted diseases showed that, majority of the students 88.4% were heard about STI. The major source of their information is school 31%, radio 15.9%, TV 43.1%, and magazine 7.9%. This result was closely related. Which is similar with a study conducted by Tushar Rai, et al from India revealed that, among 166 Adolescents i.e. Males-88 and Females-78. Off 51.2% of the adolescents were having knowledge about STD's. Majority of (91.4%) the adolescents knew about AIDS as a type of STD and prevention of STD was found to be 72.9% by use of condoms. [11]

This study, regarding to route of STIs transmission, 81.5% by sexual intercourse, 11% responded that STD transmitted through contact with contaminated blood, 5.2% by heredity and 2.3% responded breast feeding this result bonded study conducted in Kampala revealed that,

Knowledge of the clinical features of gonorrhoea and AIDS was high; most knew the predisposing factors for STDs (multiple sexual partners 90%; unprotected sexual intercourse 93%; rape 81%; sex outside marriage 78%, and sex under the influence of alcohol 73%) but not so for syphilis. Males were three times more likely to contract STDs (27%) than their female (9%) counterparts. Whereas knowledge on methods of prevention was high ($>90\%$) it was not followed by appropriate behavioural patterns. More female (33.5%) students had heard about *Trichomonas vaginalis* than males (23%); ($X^2 = 17.1$; < 0.0001). This study has shown that more female than male students got information from their parents ($X^2= 25.3$; $P < 0.001$) while more male students had their information from previous sexual intercourse ($X^2 = 12.9$; $P = 0.001$). [12]

The study which published by CDC are 48.4% reported having had sexual intercourse at least one in their lifetime, 7.2% had sexual intercourse before age 15. 56.8% of sexually active students have used condom during their more sexual intercourse. Inconsistent to this study majority of the students 52.7% had experienced sexual intercourse this variation of practice could be due to highly expansion of other contraceptive and condom currently which intern leads to decrease fearing of getting STIs and pregnancy. Regarding condom usage among sexually active students majority of them 64.5% had used condom during sexual practice, this improvement of practicing sexual inter course by using condom could be due to expansion of awareness among Alamata preparatory school students about use of condom and highly availability of condom.

Regarding age at which students practiced sexual intercourse for the first time in our study 11.8% which is almost similar CDC report before 15 years and 88.2% after the age of 15 years. This shows that as the same to the above study relatively few students were practiced sexual intercourse before 15 years, actually too early age practice of sexual intercourse increase chance of getting unintended pregnancy, STIs and HIV/AIDS ,even though relatively few students of Alamata preparatory school practiced sexual intercourse at too early age, majority of the students practiced sexual intercourse after 15 years age which could be face them for many health related and other

problem. This indicates that the students have lack of awareness about risk of STIs. [13]

Knowledge on STIs, 82.6% had good knowledge and the rest 17.4% had poor knowledge. This result was higher than the study from Vadodara stated that, Among 1122 Almost 41% participants said menstruation cleans the dirty blood of the body. Almost 8.3% participants did not know about organs of reproduction of female and 18.3% did not know about physical changes during puberty. Only 55% participants have heard about STD and only 69% have awareness regarding AIDS. Almost 66% participants did not know

regarding features of STD and 19% did not know about mode of transmission of STD/AIDS. [14]

CONCLUSION

To put it in to nut shell, over all 271(82.6%) good knowledge and most students knew using condom decrease STIs even though majority of the students knew as using condom decrease STIs, other students were said I don't know. This shows students still need education and recommended for further interventional study to enrich their knowledge.

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How to cite this article: Prem Kumar, Bogale Chekole, BulchaWendu, Geleta Getahun, Yemiamrew Getachew. Striplings' acquaintance and allied factors on sexually transmitted infections. *Int J of Allied Med Sci and Clin Res* 2018; 6(2): 476-482.

Source of Support: Nil. **Conflict of Interest:** None declared.