

Awareness, Approach and Practice of Youth towards preclusion of Sexually Transmitted Infections at KIU-TH, Ishaka Bushenyi District

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ABSTRACT

Sexually Transmitted Infections (STIs) remains a serious reproductive health problem globally. Despite this fact, youths recklessly involve in sexual activities which predisposes them to STIs which could rather be easily preventable. Therefore, the aim of this study was to evaluate the knowledge, attitude and practice of youths aged 19-24 towards prevention of STIs at KIU-TH in Ishaka Bushenyi district, Uganda. The study was a descriptive cross-sectional and quantitative methods were employed in data collection. Fifty respondents both male and female were selected using a convenient sampling method. Most respondents 30 (60%) were between 19 - 20 years, 30(60%) were students and 30(60%) were single. Knowledge towards prevention of STIs was good as majority 50(100%) understood the term STIs, 25(50%) knew HIV infection as an STIs, 50(100%) knew about transmission of STIs, 30(60%) had been sensitized and health educated about STIs prevention and majority knew condom use 30(60%) as one of the ways of preventing STIs. Attitudes were fair as majority 40(80%) believed that STIs can be dangerous and majority 40(80%) felt they could prevent STIs. Practice was poor as majority had 1-2 partners, 30(60%) and majority had their first partner at 15-17 years old 30(60%), majority of the respondents took alcohol 35(70%), majority 37(74%) reported teenage involvement in sexual relationship and 35(70%) reported alcohol as one of the most leading factors into sexual relationships, majority 33(66%) did not take precautions during sexual intercourse only 18(36%) used condoms. The study found out adequate knowledge towards STIs prevention and attitudes were fair but practices were poor. **Keywords:** knowledge, attitude, practice, youth, sexually transmitted infections, Uganda

INTRODUCTION

STIs, also referred to as Sexually Transmitted Diseases (STDs) or venereal diseases are infections that are commonly spread through vaginal intercourse, anal sex and oral sex [1-5]. STIs include HIV, Gonorrhoea, syphilis and HPV among others [6, 7]. The spread of STIs among youth is influenced by several factors including risky sexual practices and behaviors such as concurrent involvement with multiple sexual partners, poor use of protective gear such as condoms, poor health seeking behaviors including inadequate testing among other factors [8-11].

Globally, in developed countries such as Sweden, Germany, France and Britain, the rate of STIs, especially Chlamydia and Gonorrhoea continues to rise and in the last

decade has gone up by 38%. For instance, all these countries are in the top 5 European countries with the biggest number of STI infections among 16 - 24 year olds and more than 20,000 new cases of the STI were diagnosed in this age group in 2011 [12]. The knowledge of youths about the prevention of STIs is poor yet they have risky sexual practices such as poor use of protective measures and having multiple sexual partners among others [8].

In Africa, although countries such as Botswana and Ghana have made significant progress in providing testing and treatment of most sexually transmitted diseases, the rate of infection of STIs among youth remains high and research

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shows that there is 45% rise in STI cases among youth aged 15 - 25 years [13-20]. Furthermore, despite this progress, there is still limited utilization of the screening services and the infection rate was attributed to many factors such as risky sexual practices such as involvement with multiple sexual partners, sexual networking as well as cultural practices such as wife inheritance [11, 14-18].

Similarly, in East African countries such as Kenya and Tanzania, although testing and treatment services for sexually transmitted diseases are provided at most health centers, the rate of STI infection among youth remains high [19-26]. This was influenced by various factors

Study Design and Rationale

The study was descriptive in nature and will employ both quantitative and qualitative data collection methods. This study design was selected because it assists in easily getting the required data for the study.

Study Setting

The study was conducted at the STD/STI clinic at Kampala International Teaching Hospital which is found in Western Uganda, Bushenyi district.

Study Population

The study included youth aged 19 - 24years attending health care services at the STD/STI clinic at Kampala International Teaching Hospital. It was only focused on the youth because they are of sexually reproductive age and hence predisposed to STIs among other things.

Sample Size

The sample size of the participant will consider Kish and Leslie (1965), formula which state that;

$$n = \left(\frac{Z^2 p q}{d^2} \right)$$

Where:

n=Desired sample size, Z= Standard deviation at confidence level of 95% = 1.96
p = Proportion of population with desired characteristics, q= proportion of population without desired characteristics. d=level precision

Therefore, for this study;

n= desired sample size.

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including inadequate knowledge about the effective use of preventive measures such as condoms, gender roles, risky sexual practices such sexual networking, having multiple partners as well as misperceptions about condom use among others [22-30].

In Uganda, [23-37] reveal that STI infection among youth is on the increase despite the availability of testing and treatment services and this is estimated at 37%.

Aim of the Study

To assess the knowledge, attitude and practice of youths aged 19 - 24 towards prevention of STIs at KIU-TH in Ishaka Bushenyi district.

METHODOLOGY

P= proportion of the population who are youth aged 19-24years old estimated at 50%= 0.5.

$$n = \left(\frac{1.96^2 \times 0.5 \times 0.5}{0.05^2} \right)$$

$$n = 384$$

According to Kish and Leslie's formula (1965), the sample size will be 384 of youth aged 19-24 years. However, I will use a sample size of 50 respondents (youths aged 19-24 years) due to limited time and resources for the study.

Sampling Procedure

The researcher utilized convenient sampling method to obtain the sample size for the study whereby the researcher simply selected all the available potential respondents who meet study criteria and include them in the study. This continued until the total of 10 respondents to be interviewed per day was achieved.

Inclusion Criteria

The study included only youth aged 19 - 24years attending health services at STI/STD clinic, Kampala International University Teaching Hospital who were present during the data collection days and were free and willing to voluntarily consent to participate in the study.

Research Instruments

Data was collected using an approved semi-structured, self-administered interview guide which consisted of both open and closed ended questions. This tool was selected because the study not involve mixed groups of respondents and

all the respondents were literate and able to read, write and understand English used to develop the questionnaire. Open ended questions enabled respondents to open up and give deeper responses to the questions asked.

Data Collection Procedure

Before commencing data collection, the researcher was first introduced by the hospital administrator to the in-charge of the STI/STD clinic who in turn escorted the researcher to the respondents. The researcher distributed interview guides to youth at the STI/STD clinic at Kampala International Teaching Hospital. This improved efficiency and confidentiality during data collection. The researcher sampled 10 respondents per day for a total of 50 respondents.

Data Analysis and Presentation

The collected data was first analyzed manually by the use of papers and pens and tallying, after which the researcher presented them in tables, graphs and pie

Ahura charts generated by Microsoft Excel version 2013. The most frequent response was used as a measure of truth about an event and this helped to draw conclusions in chapter five of the report.

Ethical Considerations

A letter of introduction was obtained from Kampala International University, introducing the researcher to the administration of Kampala International Teaching Hospital and seeking permission to carry out the study. After permission was granted, the administrator introduced the researcher to the in-charge of the STI/STD clinic who introduced the researcher to the respondents. Respondents were assured of full confidentiality and privacy and only numbers instead of names were used to identify the respondents. The study only commenced after the objectives of the study had been well explained to participants and they had consented to participate in the study.

RESULTS

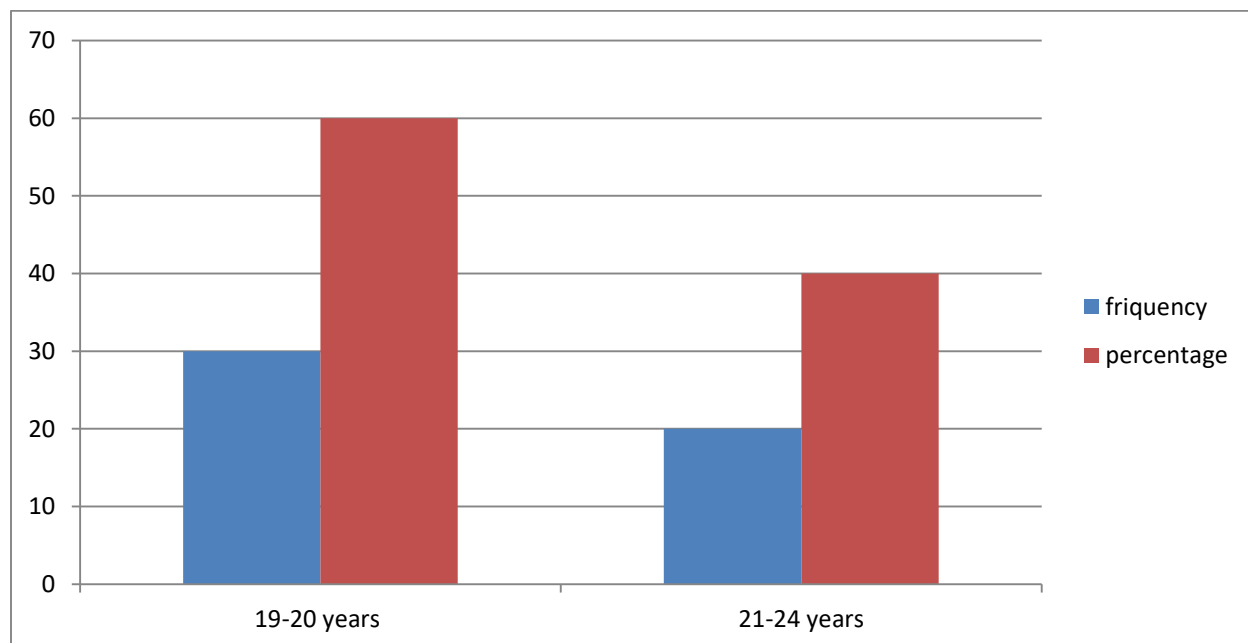


Figure 1: Distribution of respondents by age

Figure 1 indicates that most respondents 30 (60%) were in the age range of 19 - 20 years, 20 (40%) were in the age range of 21 - 24 years

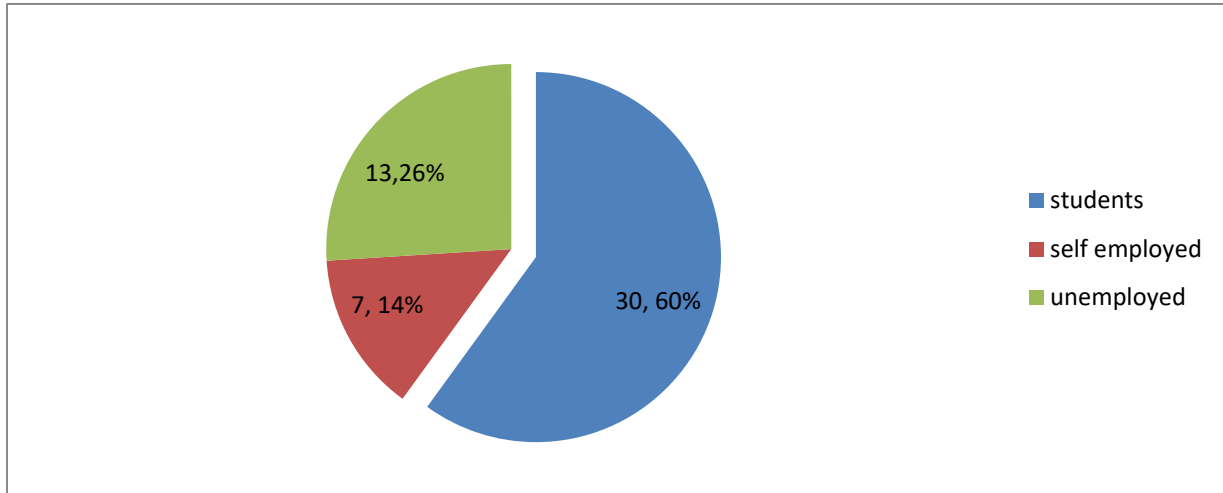


Figure 2: Distribution of respondents by occupation

Figure 2 shows that majority of respondents were students 30(60%), 7 self-employed (14%), 13 (26%) were unemployed.

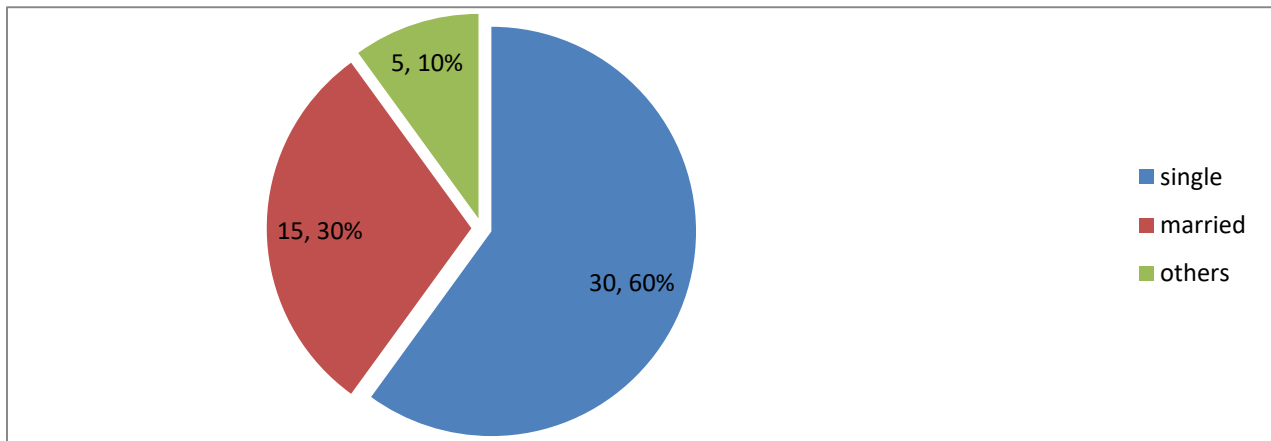


Figure 3: Distribution of respondents by marital status

Figure 3 shows that 30(60%) were single, 15(30%) were married and 5(10%) were others

Table 1: youth who understand the term STIS, n =50

Response	Frequency	Percentage (%)
Yes	50	100
No	0	0
Total	50	100

Table 1 shows that all respondents 50(100%) understood the term STIS

Table 2: common STIS you know, n=50

STIS	Frequency	Percentage (%)
HIV	25	50
syphilis	10	20
gonorrhoea	10	20
others	5	10
TOTAL	50	100

Table 2 shows that half of the respondents 25(50%) knew about HIV infection, 10 (20%) knew about syphilis 10 (20%) knew about gonorrhoea and others were 5(10%) who knew nothing about the STIS.

Table 3: How does an individual acquire STIS? n=50

Responses	FREQUENCY(F)	PERCENTAGE %
Oral sex, anal sex, unprotected sexual intercourse, having more than one partner, sharing towels and under wares.	50	100
Total	50	100

Table 3 shows that all respondents had knowledge about transmission STIS 50(100%).

Table 4: Do you know signs and symptoms of STIS? n=50

Responses	Frequency	Percentage (%)
Yes	15	30
no	35	70
TOTAL	50	100

Table 4 indicates that 15(30%) knew signs and symptoms of STIs while 35(70%) did not know

Table 5: Youths who have been sensitized and health educated about how STIS can be prevented, n=50

Responses	Frequency	Percentage (%)
Yes	30	60
No	20	40
Total	50	100

Table 5 shows that most youths 30(60%) had been sensitized and health educated about how STIS can be prevented and 20(40%) had not been health educated.

Table 6: what can be done to prevent STIS among youth? n=50

Responses	Frequency	Percentage %
Condoms use	30	60
Abstain from sex	10	20
Health talks	5	10
Others	5	10
Total	50	100

Table 6 shows that most youths knew condom use 20(40%), 15(30%) knew

abstinence from sex, 5(10%) said health talks and others 10(20%) knew nothing

Table 7: Have you ever suffered from an STIS, n=50

Responses	Frequency	Percentage (%)
Yes	20	40
No	30	60
Total	50	100

Table 7 shows that majority of the respondents had never suffered from any

STIs 30(60%) and 20(40%) had ever suffered from STIs.

Table 8: which STIS have you ever suffered from? n=50

Responses	Frequency	Percentage (%)
Gonorrhea	10	20
Syphilis	02	04
HIV	00	00
OTHERS	08	16
None	30	60
Total	50	100

Table 8 shows that most respondents had never suffered from any STIs 30(60%), those had ever suffered from gonorrhea

10(20%), syphilis 2(4%), HIV/AIDS were 0(0%), others 8(16%).

Section C: Attitude of youths aged 19 - 24 towards prevention of STIS

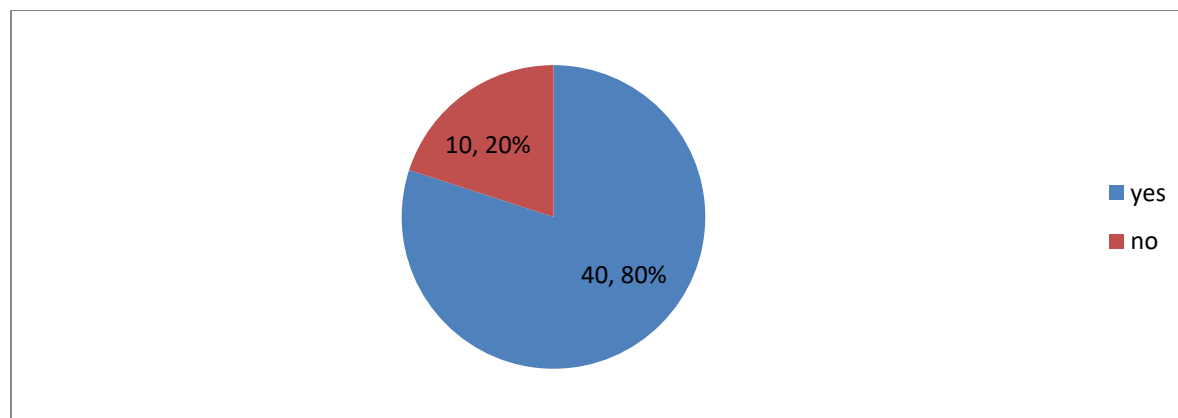


Figure 4: Do you believe that STIS are dangerous

Figure 4 shows that majority of the respondents 40(80%) believed that STIS

can be dangerous and 10(20%) did not know.

Table 9: Reasons for number 11 above, n=50

Response	Frequency	Percentage (%)
They cause infertility	25	50
They cause foul smell	10	20
causes itching	5	10
Causes discharges	10	20
Total	50	100

Table 9 indicates that respondents reported infertility 25(50%), 10(20%) reported foul smell, 10(20%) reported

discharges and 5(10%) reported itching as one of the dangers of STIS.

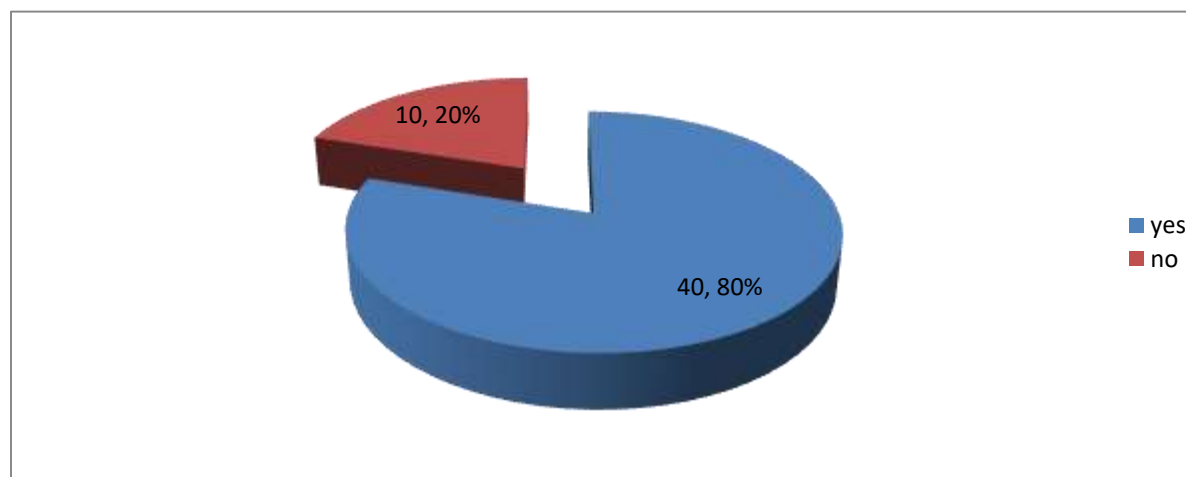


Figure 5: Can STIs be prevented

Figure 5 majority of the respondents said STIs can be prevented 40(80%) and few had said they cannot be prevented 10(20%).

Table 10: Have youth ever been involved in sexual relationship? n=50

Responses	Frequency	Percentage (%)
Yes	30	60
No	20	40
Total	50	100

Table 10 shows that majority of the respondents 30(60%) had ever been involved in the sexual relationship and

20(40%) had never been involved in sexual relationship.

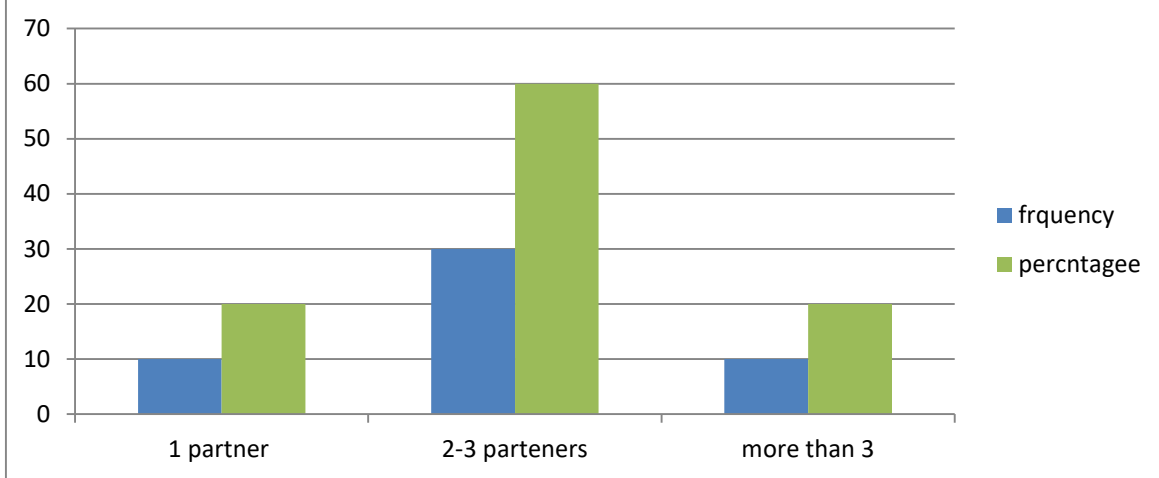


Figure 6: Number of partners possessed by respondents

Figure 6 indicates that majority of the respondents had 1-2 partner 30(60%), 10(20%) one partner and 10(20%) had more than three.

Table 11: Age of respondent's partner, n=50

Age of partners	Frequency	Percentage %
18-25	37	74
26-35	10	20
36 and above	3	6
Total	50	100

Table 11 majority of the respondents had partners ranging from 15 - 20, 37(74%), 10(20%) there partners were ranging from

21 - 25 and 3(6%) had partners who are above 25 years old.

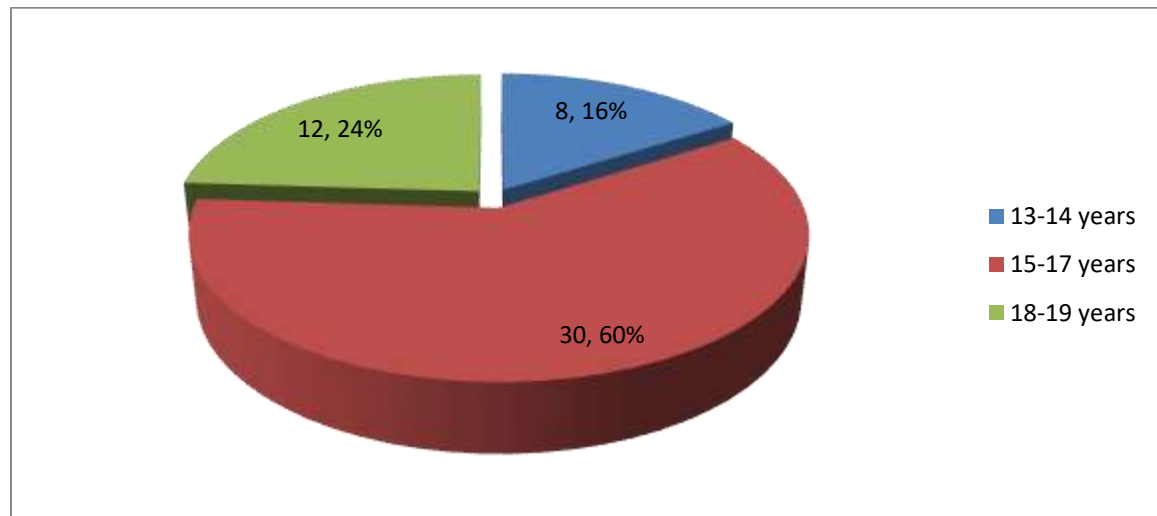


Figure 7: How old were you when you had first partner?

Figure 7 showed that majority of the respondents first had their partner when

they were 15-17 years old 30(60%), 12(24%) first had partners when they were between

13-14 years old and only 8(16%) respondents first had their partners when they were between 18-19 years old.

Table 12: Do you take alcohol or any illegal substance like drugs, n=50

Response	Frequency	Percentage (%)
Yes	35	70
No	15	30
Total	50	100

Table 12 shows that majority of the respondents do take alcohol 35(70%) and

only 15(30%) reported that they don't take alcohol.

Table 13: Does your culture encourage early sex? n=50

Response	Frequency	Percentage (%)
Yes	0	0
No	50	100
Total	50	100

Table 13 shows that all of the respondents disagreed with their culture encouraging early sex 50(100%).

Table 14: Are there some teenagers in the area involved in sexual relationship? n=50

Responses	Frequency (f)	Percentages (%)
Yes	37	74
No	13	26
Total	50	100

Table 14 indicates that majority of the respondents 37(74%) reported that there

are teenagers who are involved in sexual relationship and 13(26%) said number.

Table 15: What influences them into sex? n=50

Responses	Frequency	Percentage (%)
alcohol	35	70
Monetary gain	8	16
Family pressure	5	10
Peer pressure	2	4
Total	50	100

Table 15 shows majority of the youths 35(70%) reported alcohol influence into sexual habits, 8(16%) reported monetary

gains, 5(10%) reported family pressure and 2(4%) reported peer pressure.

Table 16: Do you ever take precautions against STIS during sexual intercourse? n=50

Responses	Frequency	Percentage (%)
yes	17	34
no	33	66
Total	50	100

Table 16 indicates that majority of the respondents 33(66%), reported that they don't take precautions during sexual

intercourse and only 17(34%) reported number.

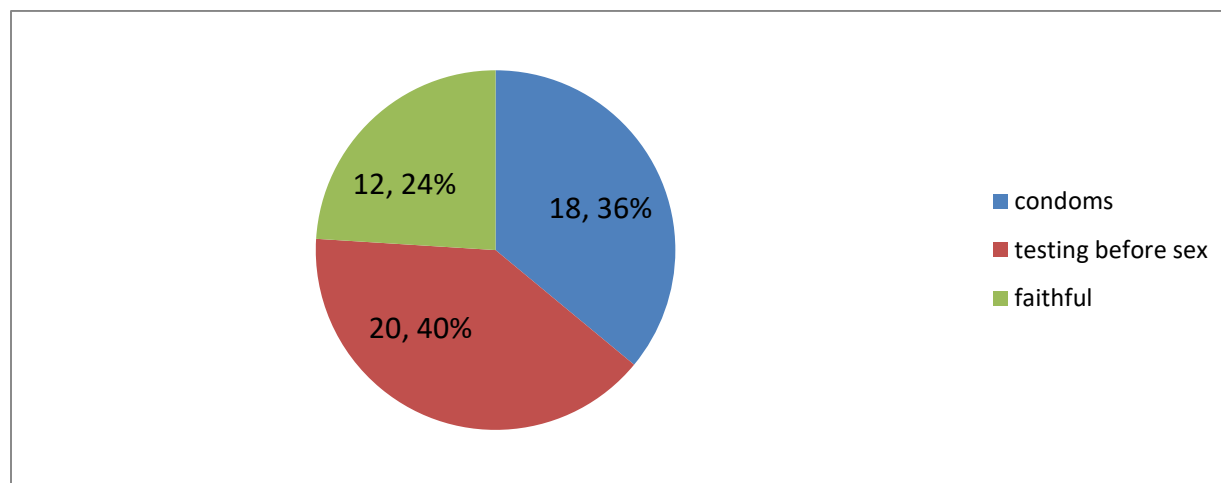


Figure 8: which methods do you use

Figure 8 shows that few of the respondents 18(36%) use condoms, 20(40%) reported

testing before sex and 12(24%) reported being faithfulness

Table 17: if no method why not? n=50

Response	Frequency	Percentage
Not aware	3	6
Expensive	27	54
Religious influence	10	20
Measures not available in the area	10	20
Total	50	100

Table 17 shows that Half of the respondents 27(54%) reported that methods are expensive, 10(20%) reported religious influences, 10(20%) reported measures are not available in the area and 3(6%) reported that they are not aware.

DISCUSSION

Most respondents 30 (60%) were in the age range of 19 - 20 years, majority were students 30(60%) and 30(60%) were single. This implied that they were in their youths age and could provide the required information and being students and single for the majority it indicated more the need to assess their knowledge, attitude and practice towards prevention of STIs as at

this age more so in students as they tend to be in company with peers at school and being single triggers them much into premarital sexual activities from which they end up becoming infected with STIs at attender age.

Results showed that all respondents 50(100%) understood the term STIs. Also referred to as Sexually Transmitted

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Diseases (STDs) or venereal diseases are infections that are commonly spread through sexual intercourse, anal sex and oral sex. All of the respondents 50 (100%) reported possessing adequate knowledge about STIS prevention. This implied that since most respondents were aware of and possessed sufficient knowledge about STIS; they would endeavor to effectively use services provided.

The study revealed that majority of the respondents 25(50%) knew HIV infection as an STIs and all respondents had knowledge about transmission of STIs 50(100%) as they mentioned Oral sex, anal sex, unprotected sexual intercourse, having more than one partner, sharing towels and under wares as some of the ways how STIs are spread. This was a very good step for the respondent's knowledge towards prevention of STIs. However, only 15(30%) knew signs and symptoms of STIs with the majority 35(70%) ignorant about signs and symptoms of sexually transmitted infections.

Results showed that most youths 30(60%) had been sensitized and health educated about STIs prevention and majority of youths knew condom use 30(60%) as one way of preventing STIs. This could probably have been the reason why they were knowledgeable about STIs transmission as mentioned above. These findings were compared with a study by Bryce *et al.* [24] about the quality of sexually transmitted disease services in Jamaica which revealed that the majority of respondents did not have sufficient knowledge about STIs and how they could be prevented. Furthermore, respondents were not aware of the youth friendly sexual and reproductive health services provided at the hospitals and clinics in their area. It was noted that a comprehensive sexuality education in schools can improve youth knowledge of their reproductive health options, including contraception and how to use it effectively to avoid unwanted pregnancies and STDs.

Study findings also revealed that majority 30(60%) had never suffered from STIs. This was a sign that respondents knew how to prevent STIs unlike the findings in a study by Brabin *et al.* [25] about the preventive

Ahura and curative care for youth and the role of the health sector that the majority of respondents stated that they did not have adequate knowledge and awareness about the STIs and how they could be adequately prevented. Furthermore, most respondents were not aware of the youth friendly sexual and reproductive services provided at the clinics in the study area. Majority of the respondents 40(80%) believed that STIs can be dangerous and most of them cited out infertility 25(50%) as one of the dangers that can be caused by STIs. This study finding was in agreement with Mwakagile *et al.* [26] mentioned in their study about sexual behavior among youths at high risk for HIV infection in Dar es Salaam, Tanzania that the majority of youth aged 19 - 24 years had positive attitude towards the prevention of STIs as they believed that the infections could lessen their quality of life. It was also found that majority of the respondents felt they could prevent STIs 40(80%) and this a good attitude and it implied that if at all they are encouraged and given more health talks, STIs can markedly be reduced in communities. This was in line with another study by Ferrando *et al.* [27] in Brazil reported that youth had positive attitudes towards the prevention of STIs. However, it was revealed that in order to reduce and prevent STIs among the youth, there is need to ensure that sexually active youth remain faithful to their sexual partners, avoid casual sex relationships and consistently and correctly use protection such as condoms while those who can, should abstain from sex altogether.

Majority of the respondents 30(60%) had ever been involved in the sexual relationship and majority of the respondents had 1-2 partner 30(60%). This implied that they were at risk of attracting STIs if at all they do not hold on to available measures of preventing STIs just like it was in the earlier studies by Herz *et al.* [22] in the study about family planning for teens and strategies for improving outreach and service delivery in public health settings showed that youth had poor practices towards the prevention of

STIs and hence remained highly predisposed to the STIs.

Majority of the respondents had partners ranging from 15-20 years, 37(74%) and majority of the respondents first had their partner when they were 15-17 years old 30(60%) and another scaring finding was that majority of the respondents do take alcohol 35(70%) which was very threatening as it predisposes this young generation to STIs. This finding was compared with a study by Gorgen *et al.* [28] about the problems related to schoolgirl pregnancies in Burkina Faso, where results showed that the majority of respondents had poor practices towards the prevention of STIs. Results showed that youth aged 19 - 24 years include poor use of protection with casual partners/sex

The study showed that most of the respondents were in the age range of 19 - 20 years, majority were students and most of them were single.

Respondent's knowledge towards prevention of STIs was good as majority understood the term STIs, majority knew HIV infection as an STIs and all respondents had knowledge about

workers among male youth which places them at risk of STIs.

Furthermore, majority of the respondents 37(74%) reported that many teenagers are involved in sexual relationship and 35(70%) reported alcohol as the most leading factor persuading them into sexual relationships and dangerously majority of the respondents 33(66%), reported that they don't take prevention precautions during sexual intercourse. Few of the respondents 18(36%) used condoms as most of them 27(54%). This study finding was compared with a study by Koontz and Conly [29] in their study about youth at risk and meeting the sexual health needs of youth that showed that youth had poor practices towards the prevention of STIs.

CONCLUSION

transmission of STIs as they mentioned oral sex, anal sex, unprotected sexual intercourse, having more than one partner, sharing towels and under wears as some of the ways that STIs are spread and most youths had been sensitized and health educated about STIs prevention and majority of youths knew condom use as one way of preventing STIs.

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