

# Prevalence and Factors Associated with Sexually Transmitted Diseases Among Women of Reproductive Age Group at Fort Portal Regional Referral Hospital, Uganda

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## ABSTRACT

Sexually transmitted diseases are a significant public health concern in Uganda, particularly among women of reproductive age. This study aimed to determine the prevalence and factors associated with STDs among women of reproductive age at Fort Portal Regional Referral Hospital, Uganda. A cross-sectional study was conducted among 302 women of reproductive age attending the hospital's outpatient department between August 2023 and November 2023. Data were collected using interviewer-administered questionnaires. Descriptive and logistic regression analyses were conducted to determine the prevalence and factors associated with STDs. The prevalence of STDs among women of reproductive age attending Fort Portal Regional Referral Hospital was found to be 27.2%. Factors significantly associated with STDs included being residence outside the city (adjusted odds ratio [aOR] 2.30, 95% confidence interval [CI] 1.21-4.38), age group 20-29 (aOR 2.42, 95% CI 1.05-5.57), having more than 3 sexual partners (aOR 2.13, 95% CI 1.19-3.80) and not using a condom during sexual intercourse (aOR 0.55, 95% CI 0.31-0.98). Additionally, women who reported an increased frequency of sexual activity were more likely to have current STDs (aOR 1.88, 95% CI 1.10-3.21). The prevalence of STDs among women of reproductive age at Fort Portal Regional Referral Hospital was high, and several factors were identified as significant predictors of STDs. These findings highlight the need for targeted STD prevention and control interventions, including increased STD screening, counselling on condom use, and promoting safe sexual practices among women of reproductive age in the region.

**Keyword:** STDs, Productive age, Women, Condom, Sexual activities, Sexual partners.

## INTRODUCTION

The global burden of sexually transmitted infections (STIs) and STDs has been a public health concern for decades. According to the World Health Organization (WHO), an estimated 376 million new cases of curable STDs occur annually among people aged 15-49 years worldwide, with the highest burden in low- and middle-income countries (LMICs) such as Uganda [1, 2]. In Uganda, the prevalence of STDs among women of reproductive age is high, with a prevalence of 5.7% for syphilis, 3.3% for gonorrhoea, and 2.2% for chlamydia reported in a national survey conducted in 2016 [3]. Furthermore, HIV prevalence among women of reproductive age in Uganda is 6.7%, which is higher than the national prevalence of 5.7% [3]. STDs among women of reproductive age have significant adverse health and social consequences, including infertility, ectopic

pregnancy, chronic pelvic pain, cervical cancer, and increased vulnerability to HIV [4-7]. The study is informed by the social-ecological model, which recognizes the multi-level factors that influence health behaviours and outcomes [8]. The social-ecological model suggests that individual, interpersonal, community, and societal factors interact to influence health outcomes. In the context of STD transmission, individual factors such as age, sex, and sexual behaviours, interpersonal factors such as partner characteristics and communication, community factors such as access to sexual and reproductive health services, and societal factors such as stigma and discrimination all play a role in shaping STD transmission patterns [9]. Research has shown that the social-ecological model can be useful in understanding and addressing STD transmission.

For example, studies have found that individual factors such as age, sex, and sexual behaviours are strongly associated with STD risk [9]. Other research has highlighted the role of interpersonal factors such as communication, trust, and partner concurrency in shaping STD transmission patterns [10]. Community-level factors such as access to sexual and reproductive health services have also been shown to play a critical role in STD prevention and management [11]. Finally, broader societal factors such as poverty, gender inequality, and stigma have been found to contribute to the high burden of STDs in many settings [12]. The social-ecological model can help guide interventions to reduce the burden of STDs by identifying the multiple levels of influence that contribute to STD transmission and targeting interventions accordingly. For example, interventions targeting individual factors might focus on promoting condom use, reducing the number of sexual partners, and improving communication skills. Interventions targeting interpersonal factors might focus on promoting communication and trust between sexual partners, while interventions targeting community-level factors might focus on improving access to sexual and reproductive health services. Finally, interventions targeting societal factors might focus on reducing poverty, improving gender equality, and reducing stigma and discrimination [12 - 15]. Overall, the social-ecological model provides a useful framework for understanding and addressing the complex factors that contribute to the high burden of STDs among women of reproductive age at FPRRH. By taking a multi-level approach, the study can help identify the most effective interventions for reducing STD transmission in this population. The study focuses on the prevalence and factors associated with STDs among women of reproductive age at FPRRH. The study used a cross-sectional design to collect data on the prevalence of STDs, and demographic and behavioural factors associated with STD

### Study Design

This study employed the cross-sectional study design. This is because this study design is mainly associated with qualitative analysis which is the goal the researcher for this particular study was trying to achieve [20]. The study design helped me to investigate the prevalence and factors associated with the development of STDs among women of reproductive age group at FPRRH.

### Area of Study

Fort Portal Regional Referral Hospital, sometimes referred to as Buhinga Hospital by the locals, is a

transmission in the study population. Fort Portal Regional Referral Hospital (FPRRH) is a public healthcare facility located in western Uganda. According to the Uganda Ministry of Health, the hospital has an estimated catchment population of 1.2 million people, and it is estimated that over 80% of the patients seen at the hospital are from the surrounding rural areas [16].

### Statement of Problem

Sexually transmitted diseases (STDs) are a global public health problem, affecting millions of people worldwide. According to the World Health Organization (WHO), more than one million sexually transmitted infections (STDs) are acquired every day globally, with the majority occurring in low- and middle-income countries [17]. Women of reproductive age are particularly vulnerable to STDs due to various factors such as biological susceptibility, societal norms, and gender-based violence [18]. In Uganda, the burden of STDs among women of reproductive age is significant, with various studies reporting high prevalence rates of STDs such as HIV, syphilis, and chlamydia [19]. Fort Portal Regional Referral Hospital (FPRRH) serves as a major healthcare facility in the Rwenzori sub-region of Uganda, providing care to over one million people. Despite the availability of prevention and treatment services for STDs at FPRRH, the burden of STDs among women of reproductive age remains high. Furthermore, limited research has been conducted on the prevalence and factors associated with STDs among women attending FPRRH. Therefore, there is a need to investigate the prevalence and factors associated with STDs among women of reproductive age at FPRRH. This study aims to investigate the prevalence and factors associated with STDs among women of reproductive age at Fort Portal Regional Referral Hospital (FPRRH) and provide insights into the effectiveness of current prevention and treatment strategies.

## METHODOLOGY

hospital in the town of Fort Portal, within Kabarole District in Western Uganda. It is the referral hospital for patients from other health facilities within districts like Bundibugyo, Kamwenge, Kasese, Ntoroko and Kyenjojo. The hospital is approximately 295 kilometres (183 mi), by road, west of Kampala, Uganda's capital and largest city in Uganda. The coordinates of the hospital are: 0°39'19.0" N, 30°16'53.0" E (Latitude: 0.655278; Longitude: 30.281389). Fort Portal Hospital is a public hospital, funded by the Uganda Ministry of Health and general care in the hospital is free. It is

one of the 13 "Regional Referral Hospitals" in Uganda. The hospital is one of the 15 "Internship placement Hospitals" in Uganda where graduates of Ugandan medical schools can practice for one year of internship under the supervision of qualified specialists and consultants. The hospital has a bed capacity of approximately 333 and it serves both in-patient and out-patient services.

#### Study Population

The population of this study were the women of reproductive age group who had visited FPRRH. The reproductive age group is between ages 15 – 49 years old.

#### Inclusion Criteria

Women of the reproductive age group (15-49 years) who visited FPRRH at either the OPD or gynaecological ward for any reason and are willing to participate in the study.

#### Exclusion Criteria

Women who weren't between the age group. Women who weren't willing to participate and declined to give informed consent.

#### Sample Size Determination

The sample size was determined using the formula of Kish Leslie (1965) which is listed below:

$$n = z^2 p (1-p) / e^2$$

Where;

**n** = estimated minimum sample size required

**p** = proportion of women with STDs (26.9%) as per a study at Mbarara Regional Referral Hospital (Lorenz et al., 2016).

**z** = 1.96 (for 95% Confidence Interval)

**e** = margin of error set at 5%

Therefore;

$$n = \frac{1.96^2 \times 0.269 \times (1-0.269)}{0.05^2}$$

n = 302 participants.

#### Sampling Technique

This study employed the non-specific sampling technique, particularly accidental sampling until the required sample size was attained. In accidental sampling, we assessed women of the reproductive age group who happened to be available at the gynaecological ward/OPD and had come for various reasons.

#### Data Collection Method and Management

In this study, the Questionnaire method was employed. The questionnaire was both closed and open-ended. It involved both a list of specific questions and also questions allowing the respondents to provide their responses. The questionnaire collected demographic information and also information on factors that may be related

to the development of STDs. The participants consented, and detailed history and physical examination were taken & performed respectively. Diagnosis of STD was made by the doctor on duty using laboratory methods. All the women who met the inclusion criteria were given the questionnaires which were in English. Help & translation was given to those who needed it. Proper management of the STD was given to the patients.

#### Data Processing and Analysis

Data was collected from the questionnaires and was entered within Microsoft Excel version 2019, and then later exported to the IBM SPSS application. Socio-demographic and behavioural factors were summarized as frequencies and percentages. Proportions, percentages and frequencies were used for categorical variables using the SPSS programme. The extent of the relationship between the independent and dependent variables was examined using an adjusted odd ratio with a 95% Confidence Interval. A P-value less than 0.05 was considered as significant. Finally, results were presented in charts and tables [21].

#### Quality Control

- Adhering strictly to the inclusion & exclusion criteria groups
- Pre-testing of the questionnaire before it was used.
- The questionnaire was checked for completeness before it was used to ensure that valid data was obtained.
- The team that was collecting data from the patients was well-trained.

#### Ethical Consideration

Permission was sought and granted by the Executive Director of Fort Portal Regional Referral Hospital before pursuing this study. Ethical approval was also sought from the IREC of KIU-TH to ensure that the study adhered to acceptable ethical guidelines. The participants were selected using the accidental sampling technique while strictly adhering to the eligibility criteria. When the required sample size was obtained, the collection exercise was closed. No bias was involved in terms of tribe, religion, race or any interest group. Participating in the study was voluntary. Counselling and education about the study was done & explained to the voluntary recruitment in the language best understood by them. They were given consent forms to sign. They were free to withdraw from the study at any time as they wished without coercion or compromise of care they were entitled to [22].

## RESULTS

### Prevalence of STDs among women of reproductive age group at FPRRH.

Out of the 302 women of reproductive age who participated in the study, 82 (27.2%) had at least one sexually transmitted disease. The majority of

the participants who tested positive for an STI were between the ages of 20-29 years (60.3%), unmarried (74.4%), had attained at least a secondary level of education (79.5%), and had more than one sexual partner in the past year (64.1%).

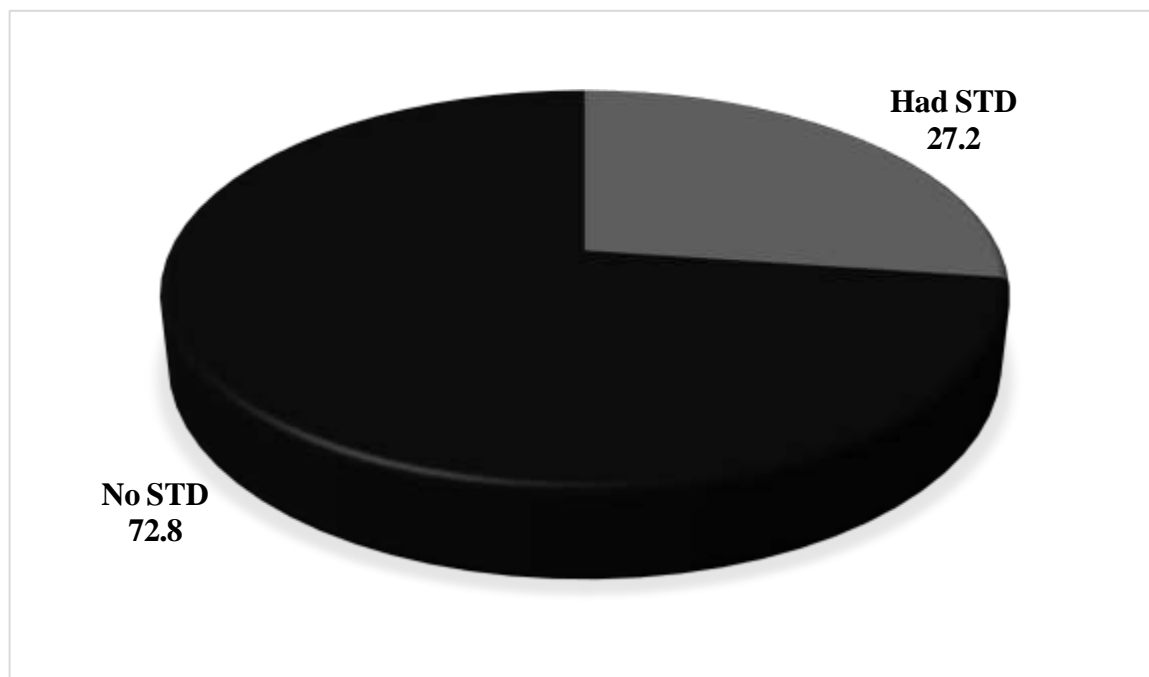


Figure 1: Prevalence of STD among women of reproductive age group at FPRRH

### Socio-demographic factors associated with STDs among women of reproductive age group at FPRRH.

The study included a total of 302 women of reproductive age who visited Fort Portal Regional Referral Hospital for various reasons. The majority of the participants were aged between 20-29 years (n=177, 58.6%), followed by those aged 30-39 years (n=90, 29.8%), and those aged 40-49 years (n=23, 7.6%). Most of the participants were married or cohabiting (n=203, 67.2%), followed by those who were unmarried (n=99, 32.8%). More than half of the participants had attained at least secondary

education (n=169, 56.0%), while a smaller proportion had only primary education (n=71, 23.5%), and no formal education (n=24, 7.9%). The majority of the participants were employed (n=174, 57.6%), while a smaller proportion were unemployed (n=128, 42.4%). The majority of the participants (68.5%) were from outside the city, while the remaining 31.5% were from within the city. In terms of religion, the majority of the participants were Christians (87.0%), followed by Muslims (10.0%) and 5.0% belonged to other religions.

**Table 1: Socio-demographic factors of women of reproductive age group at FPRRH**

Variable	Frequency, n=302	Percentage, %
<b>Age</b>		
15-19	12	4.0
20-29	177	58.6
30-39	90	29.8
40-49	23	7.6
<b>Marital status</b>		
Married or Cohabiting	203	67.2
Unmarried	99	32.8
<b>Level of education</b>		
None	24	7.9
Primary	71	23.5
Secondary	169	56.0
Tertiary	38	12.6
<b>Occupation</b>		
Employed	174	57.6
Unemployed	128	42.4
<b>Residence</b>		
Within the city	95	31.5
Outside the city	207	68.5
<b>Religion</b>		
Christians	244	80.8
Muslims	43	14.2
Other religions	15	5.0

#### **Factors associated with STDs among women of reproductive age group at FPRRH.**

Out of the 302 women who participated in the study, only 38.7% reported using condoms consistently during sexual intercourse. The majority of the participants (56.0%) reported inconsistent use of condoms, while a small proportion (5.3%) reported never using condoms. Among the study participants, 57.6% reported having one sexual partner, while 29.5% reported

having two sexual partners. The remaining 12.9% reported having three or more sexual partners. The majority of the participants (81.5%) reported having sexual intercourse once or twice a week, while 11.8% reported having sexual intercourse once or twice a month. The remaining 6.7% reported having sexual intercourse more than twice a week. About 17.2% of the participants reported having a history of STIs.

**Table 2: Behavioral factors of women of reproductive age group at FPRRH**

Variable	Frequency, n=302	Percentage, %
<b>Condom use</b>		
Yes	117	38.7
Sometimes	169	56.0
No	16	5.3
<b>Number of sexual partners</b>		
1	174	57.6
2	89	29.5
More than 3	39	12.9
<b>Frequency of sexual activity</b>		
More than twice a week	20	6.7
Once or twice a week	246	81.5
Once or twice a month	36	11.8
<b>History of STDs</b>		
Yes	52	17.2
No	250	82.8

#### **Logistic regression analysis of STDs on socio-demographic factors among women of reproductive age group at FPRRH.**

Logistic regression analysis was conducted to determine the relationship between sociodemographic factors and STD status. The results showed that age and residence were significantly associated with STD status. Age was found to be significantly associated with STD status, with participants aged 20-29 having the

highest odds of having an STD compared to the other age groups (OR = 2.42, 95% CI: 1.05-5.57,  $p < 0.05$ ). Finally, participants residing outside the city were found to have significantly higher odds of having an STD compared to those residing within the city (OR = 2.30, 95% CI: 1.21-4.38,  $p < 0.05$ ). Religion, occupation, education level, and marital status were not found to be significantly associated with STI status.

**Table 3: Logistic regression analysis of STDs on the socio-demographic factors**

Variable	P value	aOR	95% CI	
Age			Lower	Upper
15-19	-	1	-	-
20-29	0.022*	2.42	1.05	5.57
30-39	0.051	0.58	0.42	1.12
40-49	0.491	1.01	0.78	1.53
<b>Marital status</b>				
Married or Cohabiting	-	1	-	-
Unmarried	0.232	0.16	0.03	0.56
<b>Level of education</b>				
None	-	1		
Primary	0.111	0.42	0.12	0.96
Secondary	0.156	1.33	0.96	1.56
Tertiary	0.201	0.68	0.23	0.76
<b>Occupation</b>				
Employed	-	1		
Unemployed	0.174	0.79	0.56	0.97
<b>Residence</b>				
Within the city	-	1		
Outside the city	0.041*	2.30	1.21	4.38
<b>Religion</b>				
Christians	-	1		
Muslims	0.071	0.75	0.42	1.12
Other religions	0.091	1.41	0.78	1.53



### Logistic regression analysis of STDs on behavioural factors among women of reproductive age group at FPRRH.

Based on the logistic regression analysis of STDs on behavioural factors, it was found that condom use (OR = 0.55, 95% CI: 0.31-0.98, p = 0.042) was significantly associated with a lower risk of acquiring STDs among women of reproductive age. Having more than 3 sexual partners (OR = 2.13, 95% CI: 1.19-3.80, p = 0.011) and sexual activity of

more than twice a week (OR= 1.88, 95% CI: 1.10-3.21, p = 0.020) were significantly associated with an increased risk of acquiring STDs. However, the history of STDs was not found to have a significant association with the risk of acquiring STDs (OR = 1.23, 95% CI: 0.60-2.51, p = 0.572). This indicates that a previous history of STDs did not increase the risk of acquiring STDs among women of reproductive age at FPRRH in Uganda.

**Table 4: Logistic regression analysis of STDs on the behavioural factors**

Variable	P value	aOR	95% CI	
			Lower	Upper
<b>Condom use</b>				
<b>No</b>	-	1	-	-
<b>Sometimes</b>	0.201	1.22	0.57	<b>3.21</b>
<b>Yes</b>	<b>0.042*</b>	0.55	0.31	<b>0.98</b>
<b>Number of sexual partners</b>				
<b>1</b>	-	1		
<b>2</b>	0.120	0.78	0.23	<b>1.01</b>
<b>More than 3</b>	<b>0.011*</b>	2.13	1.19	<b>3.80</b>
<b>Frequency of sexual activity</b>				
<b>More than twice a week</b>	<b>0.020*</b>	1.88	1.10	<b>3.21</b>
<b>Once or twice a week</b>	0.987	1.28	0.75	<b>2.34</b>
<b>Once or twice a month</b>	-	1	-	-
<b>History of STDs</b>				
<b>Yes</b>	-	1	-	-
<b>No</b>	0.572	1.23	0.60	<b>2.51</b>

## DISCUSSIONS

### Prevalence of STDs among women of reproductive age group at FPRRH.

The prevalence of sexually transmitted diseases (STDs) among women of reproductive age attending Fort Portal Regional Referral Hospital was found to be 27.2%. This prevalence rate is alarming, as it indicates that a significant number of women are affected by STDs. Previous studies have reported varying prevalence rates of STDs in different settings. A study conducted in the United States reported a prevalence rate of 9.2% among women aged 18 to 25 years, while a study conducted in South Africa reported a prevalence rate of 37.6% among women aged 15 to 24 years [23, 24]. The high prevalence rate of STDs among women of reproductive age in this study could be attributed to several factors. One possible explanation is low awareness and knowledge about STDs. Lack of knowledge about STDs and their modes of transmission can increase the risk of acquiring an infection. In addition, low condom use and multiple sexual partners have been associated

with a higher risk of STDs [25]. The high prevalence rate of STDs among women of reproductive age in this study could also be because most of the women in this study were in their reproductive years, which is a period when sexual activity is likely to be high. The high prevalence rate of STDs among women of reproductive age has significant public health implications. STDs can cause severe reproductive health problems, including infertility, ectopic pregnancy, and preterm delivery [26]. Moreover, STDs have been associated with an increased risk of HIV transmission, which further exacerbates the burden of HIV/AIDS in resource-limited settings such as Uganda [17]. Efforts to reduce the prevalence of STDs among women of reproductive age must be intensified. There is a need to increase awareness and knowledge about STDs and their modes of transmission, especially among women in their reproductive years. Health education campaigns should also emphasize the importance of condom use and safe sexual practices. The findings of this

study also suggest the need for improved screening, diagnosis, and treatment of STDs among women of reproductive age attending health facilities. Healthcare providers should be trained to identify and manage STDs, and adequate resources should be provided to ensure that they have access to the necessary diagnostic and treatment tools. Overall, a comprehensive and multi-sectoral approach is required to reduce the burden of STDs among women of reproductive age in Uganda.

#### **Socio-demographic factors associated with STDs among women of reproductive age group at FPRRH.**

The present study found that age (20-29) and residence (outside the city) were significantly associated with STDs among women of reproductive age at Fort Portal Regional Referral Hospital. The finding that younger age is associated with higher risk of STDs is consistent with previous studies in sub-Saharan Africa [27, 28, 29], which suggests that young women may be more vulnerable due to a combination of factors, including biological, social, and economic factors. The finding that residence outside the city was significantly associated with STDs is consistent with previous studies that have found that individuals who live in rural areas or outside urban centres may have limited access to sexual health services, including testing and treatment for STDs. This could be due to several factors, such as distance to health facilities, lack of transportation, and limited availability of healthcare providers who are trained to provide sexual health services. As a result, individuals who live outside the city may be less likely to seek care for STDs, leading to a higher prevalence of infection. This could also be due to differences in sexual behaviours. Women living outside the city may have limited access to health services, including testing and treatment for STDs. Additionally, rural areas may have fewer health education campaigns and limited access to contraception, which could increase the risk of unintended pregnancies and thus increase the risk of STDs. Furthermore, women living outside the city may be more likely to engage in risky sexual behaviours due to social and economic factors such as poverty, lack of education, and limited economic opportunities. Additionally, living outside the city may also be associated with other factors that increase the risk of STDs, such as lower levels of education and income, lack of knowledge about sexual health, and cultural or religious beliefs that discourage seeking care for sexual health issues. In some rural areas, there may also be social and cultural norms that discourage open discussion of sexual health issues or prevent individuals from

accessing contraception or other preventive measures. It is important to note that the association between residence outside the city and STDs may not be causal, and further research is needed to explore the underlying factors that contribute to this association. Nonetheless, the findings suggest that interventions aimed at reducing the prevalence of STDs should consider the unique challenges faced by individuals living in rural or remote areas, and take steps to increase access to sexual health services and promote awareness and education about sexual health. This may include targeted outreach and education programs, mobile health clinics, and other strategies that can help to overcome barriers to care and promote early detection and treatment of STD. It is important to note that this study has several limitations. Firstly, the study was cross-sectional, which limits our ability to draw causal inferences. Secondly, the study was conducted in a hospital setting, which may limit the generalizability of the findings to the wider population. Lastly, the study relied on self-reported data, which may be subject to social desirability bias. In conclusion, this study found that age (20-29) and residence (outside the city) were significantly associated with STDs among women of reproductive age attending Fort Portal Regional Referral Hospital. These findings highlight the need for targeted interventions to reduce the risk of STDs among young women and those residing outside the city in Uganda. Further research is needed to better understand the underlying factors contributing to these disparities in STD prevalence.

#### **Behavioral factors associated with STDs among women of reproductive age group at FPRRH.**

The current study found that condom use, frequency of sexual activity, and number of sexual partners were significantly associated with the prevalence of sexually transmitted diseases (STDs) among women of reproductive age. The findings align with existing literature that suggests behavioural factors play a crucial role in the acquisition and spread of STDs. The study found that individuals who reported inconsistent or no condom use during sexual activity were at a higher risk of contracting STDs. This result is consistent with previous research that has found a positive association between lack of condom use and the prevalence of STDs [30, 31]. The lack of condom use increases the likelihood of transmission of STDs through the exchange of bodily fluids. This finding highlights the need for consistent condom use as a preventative measure against the transmission of STDs. The use of condoms has been shown to significantly reduce the risk of



acquiring STDs, including HIV, gonorrhoea, chlamydia, and syphilis. The current findings suggest that women who do not use condoms consistently are at a higher risk of acquiring STDs compared to those who use condoms. The study also found that individuals who reported having multiple sexual partners were at a higher risk of acquiring STDs. This finding is consistent with previous studies that have found a positive association between the number of sexual partners and the prevalence of STDs [32]. This could be due to increased exposure to potential infection sources, as well as an increased likelihood of encountering partners with STDs. Having multiple sexual partners increases the likelihood of exposure to different STDs and can facilitate the spread of infection. The findings suggest that health education and behaviour change interventions that promote safe sexual practices, such as limiting the number of sexual partners, can play a crucial role in preventing the spread of STDs. Lastly, the study found that individuals who reported engaging in sexual activity more frequently were at a higher risk of acquiring STDs. This finding is consistent with previous studies that have found a positive

association between the frequency of sexual activity and the prevalence of STDs [23]. Individuals who engage in sexual activity more frequently have an increased likelihood of exposure to different STDs and may be more likely to engage in risky sexual behaviours. This could be due to increased exposure to potential infection sources, as well as increased opportunities for exposure to multiple sexual partners. The findings suggest that interventions aimed at reducing risky sexual behaviours, such as limiting the frequency of sexual activity, can play a crucial role in preventing the spread of STDs. In summary, the findings of this study suggest that condom use, number of sexual partners, and frequency of sexual activity are significant behavioural factors associated with the prevalence of STDs among women of reproductive age. The findings highlight the need for targeted interventions that promote safe sexual practices and behaviour change, particularly among individuals who engage in risky sexual behaviours. These interventions can be crucial in reducing the prevalence of STDs and improving the sexual health of individuals.

### CONCLUSION

The prevalence of sexually transmitted diseases (STDs) among women of reproductive age at Fort Portal Regional Referral Hospital is relatively high, with a prevalence rate of 27.2%. Age (20-29) and residence (outside the city), among the socio-demographic factors, were found to be significantly associated with STDs, whereas religion, level of education, occupation and employment were not found to be a significant predictor among the women of reproductive age at FPRRH. The behavioural factors that were found to be significantly associated with STDs among women of reproductive age at FPRRH are not using condoms, having more than 3 sexual partners and having sexual activity more than 2 times a week.

### Recommendations

The study found a high prevalence of sexually transmitted diseases among women of reproductive age. It is therefore recommended that health

education campaigns be intensified to increase awareness of the dangers of unprotected sex, and the importance of regular screening for STIs. We recommend that for individuals residing outside the city, efforts should be made to increase access to sexual health services and resources in rural areas, where residents may have limited access to such resources. The study found that condom use was significantly associated with a lower risk of STIs. It is recommended that public health campaigns be intensified to promote condom use, especially among sexually active young people. We also recommend that individuals who engage in higher levels of sexual activity or have multiple sexual partners should be targeted for education and interventions to reduce their risk of acquiring STDs. This could include promoting the use of condoms, encouraging regular STI screening and testing, and promoting healthy sexual behaviours.

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