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Research Article

**A SURVEY-BASED STUDY TO ASSESS THE PRACTICE AND
AWARENESS ABOUT THE SEXUALLY TRANSMITTED
INFECTIONS (STIs) AMONG NEW MARRIED COUPLES**¹Dr Ammara Ihsan, ²Dr. Burhan Waseem, ³Dr. Misha Javaid¹THQ Tandliawala²Punjab Medical College, Faisalabad³BHU Bonkan Sialkot**Abstract**

Objective: To regulate the awareness levels and approaches in rural areas concerning sexually transmitted infections (STIs).

Methods: This study was organized at Sir Ganga Ram Hospital, Lahore in the timeframe of January 2017 to November 2017. A questionnaire was set to gather bio-data information of the participants with the help of qualified resident female and male workforces. A total number of 120 recently married females and males assessed and enrolled in the research study.

Results: The range of age among maximum participants was 25 to 30 years for the males 34% (29) and 20 to 24 years for the female 28% (32). Maximum male participant 68% (79) and the female participants 93% (108) were uneducated. The only 31% (32) participants from each gender were having the knowledge related to the STIs symptoms such as back pain, vaginal discharge, and discharge from the urethra. In the participants, 22% (25) males and 10% (12) females described that sexual diseases are possessed only by the wife and 2% (2) females stated that STIs, Hepatitis C, and AIDS can be in both genders. In the male participants, 71% knew various indications of STIs. Maximum of 78% male participants and 51% female participants already knew about the Hepatitis B and C infections. Maximum participant knew nothing about AIDS. Four percent male participants were possessing the view that this disease spreads through inappropriate sexual relationship. In female participants, 50% (58) had information about any contraceptive method. None of the participants stated about ever using the contraceptive method of any kind.

Conclusion: People living in rural areas are less aware and having insufficient information and practices about STIs specifically and health care in the reproductive process generally in the target area. There is the need for higher statistical proofs and larger samples for exploration of further reproductive health-related issues in rural areas.

Keywords: Sexually Transmitted Infections, Safe Reproductive Health, Awareness, Behaviour, AIDS, Contraception.

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INTRODUCTION:

In married couples, obviously many aspects are related to sexual health as it is a condition of bodily and psychological wellbeing attached to sexuality. It is not only the absence of dysfunction, infirmity or disease but it demands optimistic approach to sexual relationships and sexuality and the opportunity of having valid, safe and pleasurable sexual experiences which are free of anxiety, discernment and torture. The sexual rights must be respected, protected and fulfilled for attaining and maintaining of sexual health. STIs are included in world's usual diseases along with annual incidence increasing day by day. Approximately, more than one million people in the world attain a new STI and worldwide more than one million new curable diseases and even more new non-curable diseases are occurring each year [1]. Approximately 80% of STIs happen in developing states and STIs rate is highest among young adults and adolescents [1]. STIs are infectious, providing community health penalties and therefore early discoveries and treatments are required for reproductive and sexual health (SRH) of persons as well as the whole community [2]. A large number of deaths are due to such diseases in developing states as like Pakistan is one of them [3]. Within such states, STIs with higher levels and their associated complications are because of insufficient medical services availability. There is a need for improvements in the awareness levels related to STIs due to an associated stigma along with sexual diseases, issues and many STIs with asymptomatic nature. The main cause of STIs largely affected by economic, political, cultural and social context is due to sexual behaviour. Although, the bacterial STIs general incidence and prevalence have been reduced because of the management of syndromic perspectives and alterations within sexual behaviour, but many viral STIs occurrence and prevalence has increased in the previous decade [3,4] Approximately 340.1 million bacterial STIs new cases; gonorrhoea and chlamydia happen annually [5] and approximately, 18.9 million infections among them, Happen only in USA [6]. Meanwhile, eight million women suffer deadly problems because of low sexual health during pregnancy and STIs. Approximately beyond 200 million women do not have the facility for family planning and 100 million treatable STIs happen every year [7]. The trichomoniasis causing vaginal infection is reported as the most common curable STI in women. However, severe

complications are not because of it as seen with gonorrhoea or chlamydia and still it has been noticed to be the most usual STI in women affected with HIV, in various medical setups [8]. In HIV infection a strong association is found among both non-ulcerative and ulcerative STIs [9]. Our study was focused to regulate the information, education and familiarization concerning sexual illnesses amongst wedded couples within the rural area for suitable interventions to be developed for the improvement of SRH (Safe Reproductive Health) of the focused population.

METHODS:

This study was organized at Sir Ganga Ram Hospital, Lahore in the timeframe of January 2017 to November 2017. With respect to the latest survey of this area in the year 1998 the level of reading ability is 20.60%. The literacy proportion in the focused area is 53.09% and 17.64% respectively. The wedded couples which were assessed and enrolled in the study were in possession of the age between 15 to 45 years in reproductive age group perspective. Enrolled couples were healthy and were not possessing any type of medical problem. The involved shades were (1) age at the time of marriage, (2) Qualification, (3) Awareness concerning STIs, complications, and symptoms along with their influences on reproductive health. The participants were provided with a questionnaire and trained local female and male health workers helped the participants related to the questionnaire. SPSS software was used for statistical data analysis and there was no application of test significance because the data was descriptive in nature.

RESULTS:

The assessment was completed for all 114 willing participants which were recently wedded couples. Skilled female and male health workers were provided with the set questionnaire proforma went to 14 villages and assessed 114 subjects in married couples. An informed consent was gained from all the participants. Maximum of the males 30% (n34) were 25 to 30 years of age and 28% (31) females were in 20 to 25 year of age. It was observed that the trend for early marriages was on the rise in the villages specifically, ladies were married at an early age as compared to men. Approximately, 40% (46) females got married at age amid 15 to 20

Table – I: Age Distribution & Age at First Marriage

Age Groups		Male		Female	
		Number	Percentage	Number	Percentage
Age (Years)	15 – 19	30	26	34	29
	20 – 24	23	20	32	28
	25 – 29	34	29	15	13
	30 – 34	16	14	19	16
	35 – 40	13	11	16	14
Age at the time of first Marriage (Years)	15 – 19	25	22	46	40
	20 – 24	37	32	34	29
	25 – 29	28	24	26	22
	30 – 34	15	13	6	5
	35 – 40	11	9	4	3

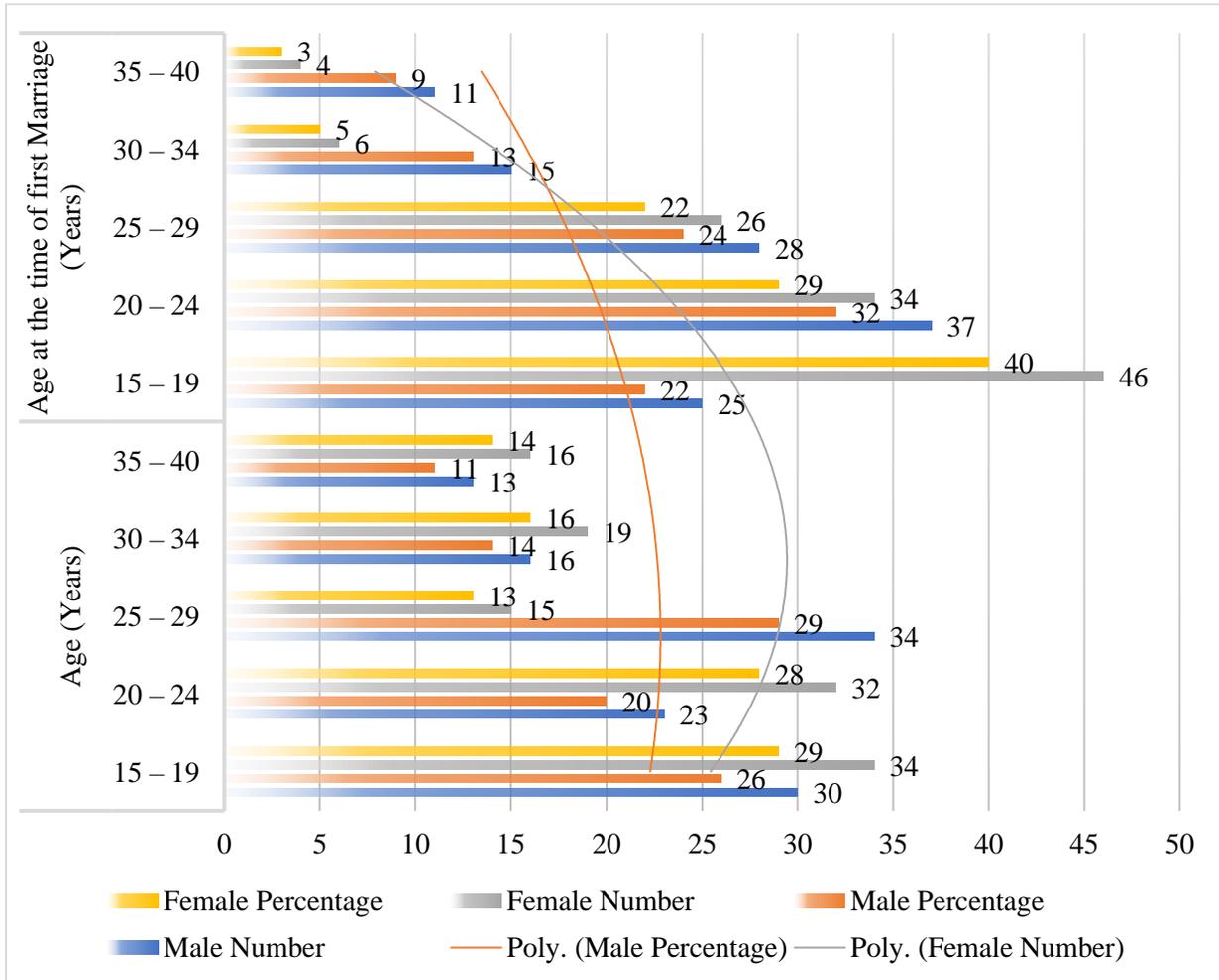
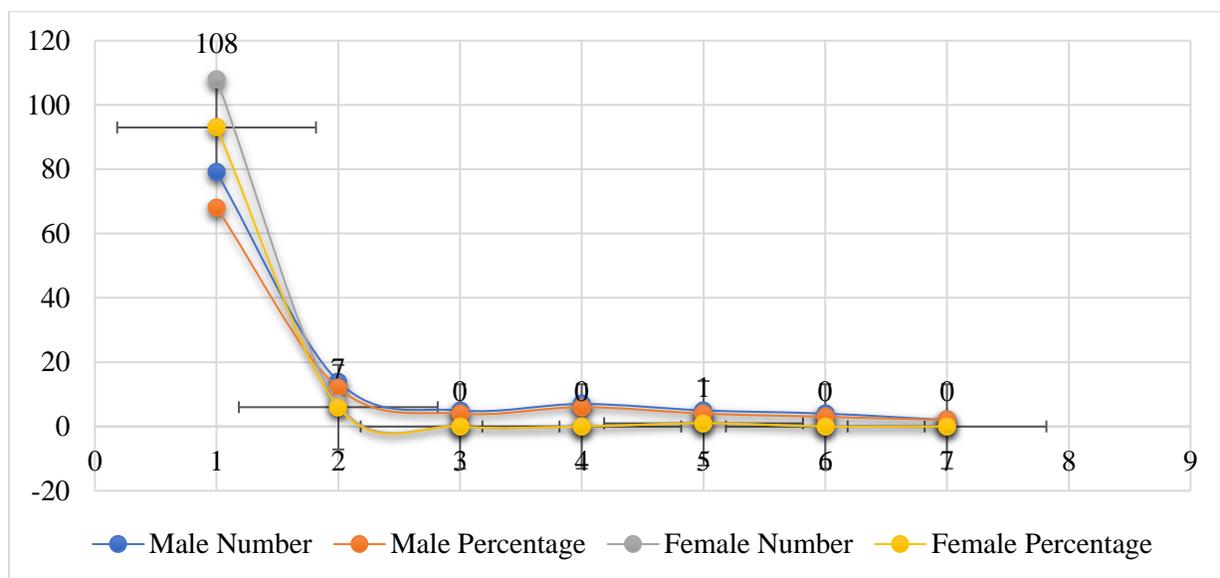


Table – II: Educational Level

Educational Level	Male		Female	
	Number	Percentage	Number	Percentage
Un-educated	79	68	108	93
Primary	14	12	7	6
Middle	5	4	0	0
Matriculation	7	6	0	0
Intermediate	5	4	1	1
Graduate	4	3	0	0
Master or above	2	2	0	0



years as in comparison to 20% (23) males which were of 20 to 25 years of age. Formal education was not common amongst the participants and 68% (79) males and 92% (107) females were uneducated. Only 13% (15) males and 6% (7) females have completed their primary education. There were only 2% (02) participants possessing the masters level qualification. In the participants, 59% (68) males have knowledge about a doctor and only 22% (25) females were familiar about the doctor, but 67% (78) knew and depend upon the “Dai” (Traditional Birth Attendant) for STIs treatment. Out of the participants, maximum persons had insufficient knowledge about the STIs symptoms. The symptoms of Vaginal discharge and Discharge per urethra were known by 31% (35) participants. In female participants, 87% were not having any knowledge about various symptoms of STIs and 72% of males were familiar about the symptoms. Maximum of the females 51% and males 78% were familiar with Hepatitis B and C

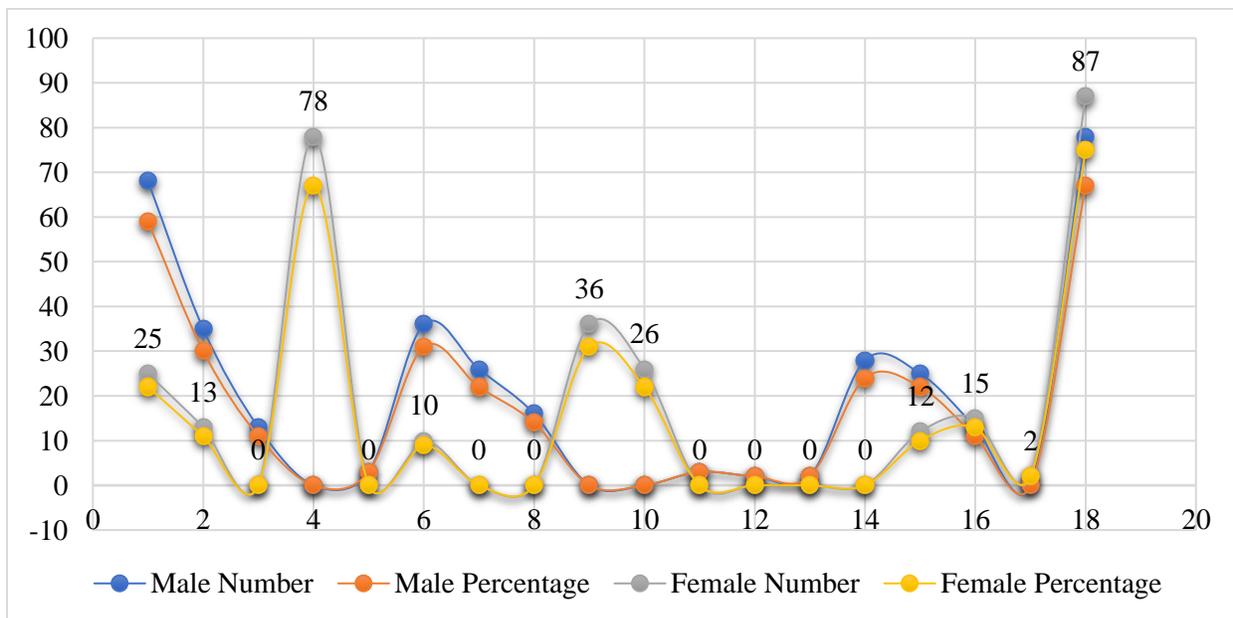
infections. Maximum of the participants were unfamiliar about the AIDS. Participants were not having sufficient knowledge related to causes of transmission of sexual diseases. In participants, 75% (86) females and 67% (78) males were not having sufficient knowledge about the rout of transfer of STIs. It was seen in this population there was minimized trend towards the social or mass media. A large number approximately 82% (95) males and 99% (114) females had never read a newspaper, the 64% (74) males and 78% (91) females had never listened to the radio and 24% (28) males and 10% (12) females used to listen to radio daily. The participants with the knowledge of family planning and pregnancy avoiding procedures were 52% (60). Only 21 married persons out of the total 114 were having knowledge about contraceptive methodologies, but none of the participant either female or male reported about ever utilizing of any contraceptive method. Amongst these 21 males, only

two were aware of intrauterine devices, three females about sterilization and injectable methods, five

persons about condoms, and eight were familiar with pills.

Table – III:

Outcomes		Male		Female	
		Number	Percentage	Number	Percentage
Treatment Place	Doctor	68	59.0	25	22.0
	Hakeem	35	30.0	13	11.0
	Homeopath	13	11.0	0	0.0
	TBAs(Dai)	0	0.0	78	67.0
Sexual Disease Transmission Symptoms	Weight loss	3	3.0	0	0.0
	Discharge per Urethra	36	31.0	10	9.0
	Burning micturition	26	22.0	0	0.0
	Frequent micturition	16	14.0	0	0.0
	Vaginal discharge	0	0.0	36	31.0
	Back pain	0	0.0	26	22.0
	Chronic cough	3	3.0	0	0.0
	Repeated fever	2	2.0	0	0.0
	Skin rash	2	2.0	0	0.0
	Don't know	28	24.0	0	0.0
Sexual Disease Transfer Knowledge	Only wife can have	25	22.0	12	10.0
	Only husband can have	13	11.0	15	13.0
	Both can have	0	0.0	2	2.0
	Don't know	78	67.0	87	75.0



DISCUSSION:

The STIs are also globally assumed as part of major public health problems [10]. The gradually increasing STIs are specifically documented in Central Asia and Eastern Europe. STIs spread at the larger rate and have higher incidence and complications. During the pregnancy, sexually carried infectious agents have reasonable disease which leads to the reduction in weight of the baby at birth, miscarriage and during the pregnancy vertical transmission via placenta like HCV, HBV, HIV, chlamydia, and gonorrhoea [11]. The most important reason for the infertility worldwide Genital is tract infection. It includes a fallopian tube and the entire sites of anatomic urogenital as well for the both of sexes [12]. There is a need for a properly defined and comprehensive education about sex for the children and adolescents for a fair, practical healthy sexual behavior. In our study, it was also observed that Sexually transmitted diseases (STDs) are rapidly increasing in the Adolescents as other local researchers have also highlighted it [13]. In our study, the female participants were in married status at early ages as compared to the males [14]. An already held study in 02 different Rural Districts has also supported these results [15] Internationally, insufficient SRH facilities have brought consequences in deaths of mothers and increasing quantity of STIs, specifically in less prosperous states. A large population remains untreated due to a lack of resources [16]. The Same can be observed by this survey that maximum of females and males don't have facilities and services by skilled health services providers. Health facilities are very dissimilar in the poor world as compared to prosperous states. For women's health Society can also assume some responsibilities. This study indicated that there were inadequate information concerning reproductive health in the public specifically in female participants. Maximum female participants were unaware but some of the male participants were aware about the issues of reproductive health. These results are similar to another study held in rural areas [17]. The preventive measures and control of STIs can be achieved through counseling, education, and awareness. The women must be protected from developing PID due to sexual behavior with the risk for STDs, by appropriate use of male condoms but, our study presented that only 4% (05) males out of 114 knew about the condoms by means of contraceptive methodology. Furthermore, none of them had ever used any contraceptive technique. This highlights that the awareness and education related to contraceptive methodologies are insufficient in the rural areas of the less prosperous states as the Pakistan. The married participants reported many reasons for not using contraceptive methodologies

which included non-availability of family planning facility 62% (72), unwilling to adopt family planning 19% (22), possessing religious reasons 19% (22), who cannot afford 19% (22), willing for desired number of children 19% (22), and the participants planning natural spacing 19% (22). However, many other researchers have reported rise in adopting contraceptive usage which is linked with mother's age, parity, current strength of children. In that study non users also reported a fear of side effects as main reason [15]. It is suggested that female health workers, Hakeems, traditional birth attendants and other related persons must be trained and qualified specifically for being involved in the programs of youth reproductive health. There is a very important role on the part of service providers in this perspective and a large population still consult them and trust upon them. Our research study highlights larger tendency towards these health benefactors instead of medical doctors. These informal health workers must be educated on the issues of SRH. Many other studies have also highlighted the importance of this fact [13, 15, 17]. Radio listening may also be considered for proper awareness programs regarding SRH issues on daily basis. The poor trend of the participant to the mass media can also have a bad impact on the usage of contraceptive methodologies.

CONCLUSION:

Our study shows a very poor picture of a population in a rural area where information and practices concerning STIs specifically and reproductive health in the focused area. Our study has limitation and for further exploration related to reproductive health issues within rural areas the studies at the larger level, larger statistical proofs, and large samples will be required.

REFERENCES:

1. Rizvi JH, Zuberi NF. Women's health in developing countries. *Best Pract Res Clin Obstet Gynaecol* 2006;20(6):907-22.
2. Raheel H, White F, Kadir MM, Fatmi Z. Knowledge and beliefs of adolescents regarding sexually transmitted infections and HIV/AIDS in a rural district in Pakistan. *J Pak Med Assoc.* 2007; 57(1):8-11.
3. Holmes KK, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. *Bull World Health Organ* 2004; 82:454-61.
4. Bibi S, Memon A, Memon Z, Bibi M. Contraceptive knowledge and practices in two districts of Sindh, Pakistan: a hospital-based study. *J Pak Med Assoc.* 2008; 58(5): 254-8.

5. Minnis AM, Padian NS. The effectiveness of female-controlled barrier methods in preventing sexually transmitted infections and HIV: current evidence and future research directions. *Sex Transm Infect* 2005;81(3):193-200.
6. Afsar HA, Mahmood MA, Barney N, Ali S, Kadir MM, Bilgrami M. Community knowledge, attitude and practices regarding sexually transmitted infections in a rural district of Pakistan. *J Pak Med Assoc* 2006;56(1Suppl 1): S50-4.
7. Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspect Sex Reprod Health* 2004;36(1):6-10.
8. Joint news release WHO/UNFPA: Top level push to tackle priorities in sexual and reproductive health. *Indian J Med Sci* 2006;60(6):255-7.
9. Uuskula A, Plank T, Lassus A, Bingham JS. Sexually transmitted infections in Estonia – syndromic management of urethritis in a European country. *Int J Std Aids* 2001;12(8):493-8.
10. Casalini C, Signorini L, Beltrame A, Matteelli A, Carosi G. Vertical transmission of human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). *Minerva Ginecol* 2001;53(3):177-92. [Article in Italian]
11. Rodriguez R, Hernandez R, Fuster F, Torres A, Prieto P, Alberto J. Genital infection and infertility. *Enferm Infecc Microbiol Clin* 2001;19(6):261-6. [Article in Spanish]
12. American Academy of Pediatrics: Committee on Psychosocial Aspects of Child & Family Health and Committee on Adolescence. Sexuality education for children and adolescents. *Pediatrics* 2001;108(2):498-502.
13. World Health Organization. Global Strategy for the Prevention and Control of Sexually Transmitted Infections, 2006–2015; WHO: Geneva, 2006.
14. Memish ZA, Osoba AO. Sexually transmitted diseases and travel. *Int J Antimicrob Agents* 2003;21 (2):131-4.
15. Khushk IA, Kadir MM. Sexual and reproductive health promotion: Need of the hour. *J Liaquat Uni Med Health Sci Jamshoro*. 2007; 1-2.
16. Wasserheit JN. The significance and scope of reproductive tract infections among Third World women. *Int J Gynecol Obstet* 1989; 3:145-68.
17. Sangani P, Rutherford G, Wilkinson D. Population-based interventions for reducing sexually transmitted infections, including HIV infection. *Cochrane Database Syst Rev* 2004;(2):CD001220.