

Awareness and knowledge of Venereal Diseases and Sexual health among Youth attending a Sexually Transmitted Disease Clinic in India

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Abstract

Background: Sexually Transmitted Diseases (STDs) are a major health problem in both developed and developing countries. They are of concern because of their high prevalence and potential to cause permanent complications if not treated timely and effectively. Awareness is particularly important in youth as they are at the highest risk of various STDs including HIV/AIDS. Social stigma, and lack of knowledge of symptoms and complications, may prevent them from accessing Health care. **Aim:** The present study focuses on assessing awareness about Sexual health and knowledge about STDs among Youth attending an STD clinic in India. **Materials and Methods:** After taking informed consent, 25 patients attending an STD clinic in the age group of 18-24 years were assessed using a close-ended anonymous questionnaire related to family type, education, marital status, sexual exposure and orientation, awareness about STDs and their prevention, possible complications, attitude towards sex education. **Results:** Awareness about STDs other than HIV/AIDS, symptoms, and possible complications of STDs was low. Although 10 patients knew that condom is protective against acquiring STDs, only 4 used them during their first sexual encounter. The leading source of sexual health knowledge was teachers followed by media. **Conclusion:** Sex education should be emphasized for all adolescents and youth to fill the gaps in knowledge about transmission, symptoms, and complications of various STDs and to overcome the stigma associated with accessing health care for treatment of STDs.

Keywords: Youth, Sexually transmitted disease awareness, Sex education

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Introduction

Sexually transmitted diseases are a group of diseases primarily transmitted by sexual contact. They can be classified as curable and incurable STDs. Trichomonas, Chlamydia, Gonorrhoea, and Syphilis are the curable STDs while HIV, Genital Herpes Simplex Virus (HSV), Viral Hepatitis B, Human Papillomavirus (HPV), and human T-Lymphotropic Virus Type 1 (HTLV-1) lack or have limited treatment options. HIV and HSV have treatments that can suppress the virus, but currently, there are no cures for any of these viral STDs[1].

Sexually transmitted Diseases are a major public health problem. Modernization has created as many problems as it solved. On one end, there is an improvement in the treatment of sexually transmitted Diseases, and on the other end, the average age of first sexual encounter and mean age of acquiring sexually transmitted diseases have reduced significantly. According to CDC, individuals aged 15-24 years account for 50% of all new STDs in the US in 2018[2].

Globally, one-third of women who are living with HIV are between 15-24 years old and so young people constitute a significant percentage of high-risk populations. In several Asian countries, young people constitute over 60% of indirect sex workers[3]. According to UNFPA, the Indian population estimate is 1406.6 million by 2022, and 27 % of the population falls under the age group 10-24 years[4]. A similar trend can be observed in India due to early marriages, acculturation, poverty, type of family, educational status, and multiple sexual partners.

Youth are particularly at risk of acquiring various STDs, as it is the age of personal and sexual exploration. There are increased chances of engaging in risky behaviour, having multiple sexual partners, not approaching health care due to shame and stigma, lack of knowledge about symptoms, and possible complications. Various educational programs were introduced to address this and access to health care has been improved over years. Despite these efforts, awareness and knowledge about STDs and reproductive health remain low, evidenced by the number of new STDs diagnosed each year.

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Status of sex education in India

In 1994, as a part of the commitments under the UN International Conference on Population and Development (ICPD) agenda, India

and other countries are obliged to provide free and compulsory comprehensive sex education for adolescents and young people[5]. The Government of India developed the Adolescent Education Program(AEP) in association with NACO and UNICEF for implementation in all secondary and higher secondary schools to help students acquire authentic knowledge, inculcate essential life skills and healthy behaviour about Adolescent Reproductive and Sexual Health (ARSH) including HIV/AIDS and substance abuse. In 2006, Adolescent Reproductive and Sexual Health(ARSH) Clinics were started to provide counseling on sexual and reproductive health issues under the RCH program. This is a facility-based approach in which counsellors play a crucial role. Although several attempts are being made to provide accessible, appropriate sex education to adolescents and young adults, several hurdles are to be overcome for achieving acceptable knowledge. The words “sex education” are often taken to face value and misunderstood that it is teaching how to have sex. In India, Cultural and social factors, and misconceptions about sex education have been major obstacles to providing sex education. Although adopting western culture has become acceptable, sex education is often considered unnecessary and unwarranted in India.

The present study was conducted among Youth, with risky behaviour or who are already exposed to STDs, attending an STD clinic in India to assess their awareness and knowledge. This helps in identifying gaps in knowledge about STDs and reproductive health which can be addressed in future sex education programs.

Materials and methods

Study design: A close-ended anonymous Questionnaire-based Cross-Sectional study was conducted among 25 patients aged 18-25 years attending an STD clinic at a tertiary care center in India from July 2020 to October 2020.

The questionnaire included questions on age, gender, education, type of family, sexual preference, knowledge about various STDs including HIV/AIDS, condoms, and opinion on sex education. They were filled privately and anonymously. Those who were unable to read/ comprehend the questions filled out the questionnaire with the help of an STD counselor.

Results

25 patients participated in the study. 19 were male and 6 were female. All of them were literate with 6 patients who hadn't attended high school, 36% of them are graduates and postgraduates.

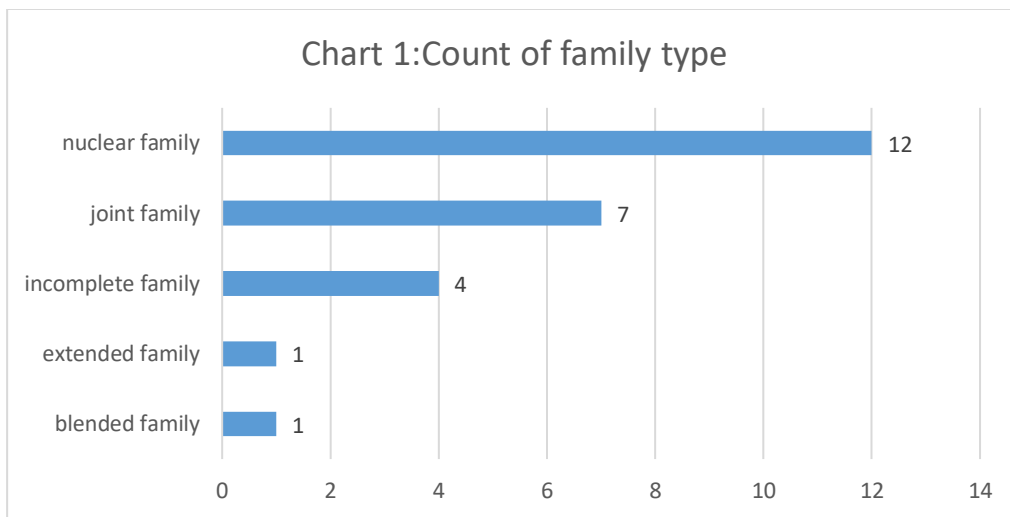


Figure 1: Distribution of study population according to the type of Family.

12 patients were from a nuclear family, 7 from a joint family, 4 from an incomplete family, and 1 each from an extended and blended family.

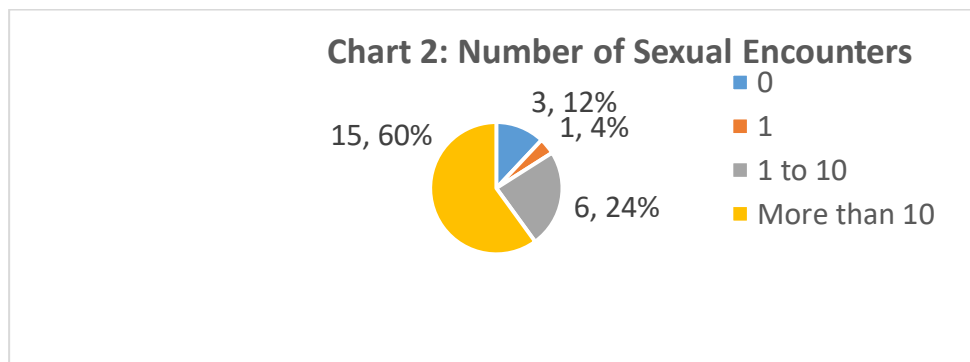


Figure 2: Number of Sexual Encounters in the study population

22 out of 25 patients had previous sexual encounters, and of them, 8 were married. 21 patients had multiple sexual encounters. 23 were heterosexual, 3 were homosexual and 2 were bisexual. 11 out of 25 had exposure to CSWs.

In 64%, the preferred contraceptive method was condoms. Although 10 patients knew that condom was protective against acquiring STDs, 4 patients used them during the first sexual encounter. 2 patients were diagnosed with HIV and are on treatment.

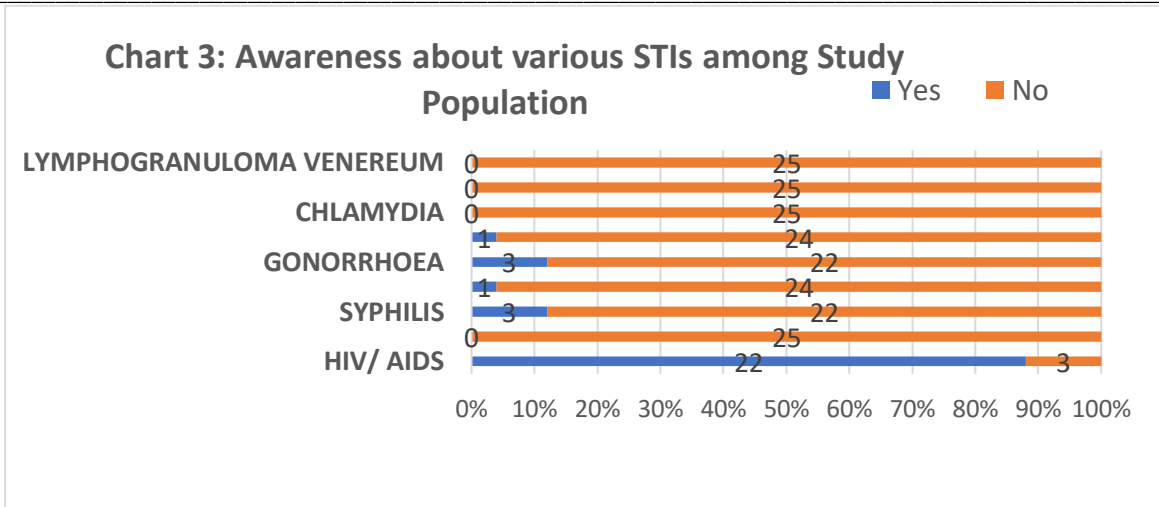


Figure 3: Awareness about various STIs among Study Population

Knowledge about HIV was the highest (22 out of 25), the source of knowledge being Schools/ teachers followed by Television. Knowledge about Syphilis (3/25), Chancroid (0/25), Gonorrhoea (3/25), genital warts (1/25), Herpes (1/25), Chlamydia (0/25), Trichomonas(0/25), and LGV (0/25) was low. One patient was aware that the vaginal discharge could be a symptom of STD. 6 out of 25 were aware that STDs can lead to complications like infertility while 4 answered with no complications and 15 patients did not know if STDs can cause any complications.

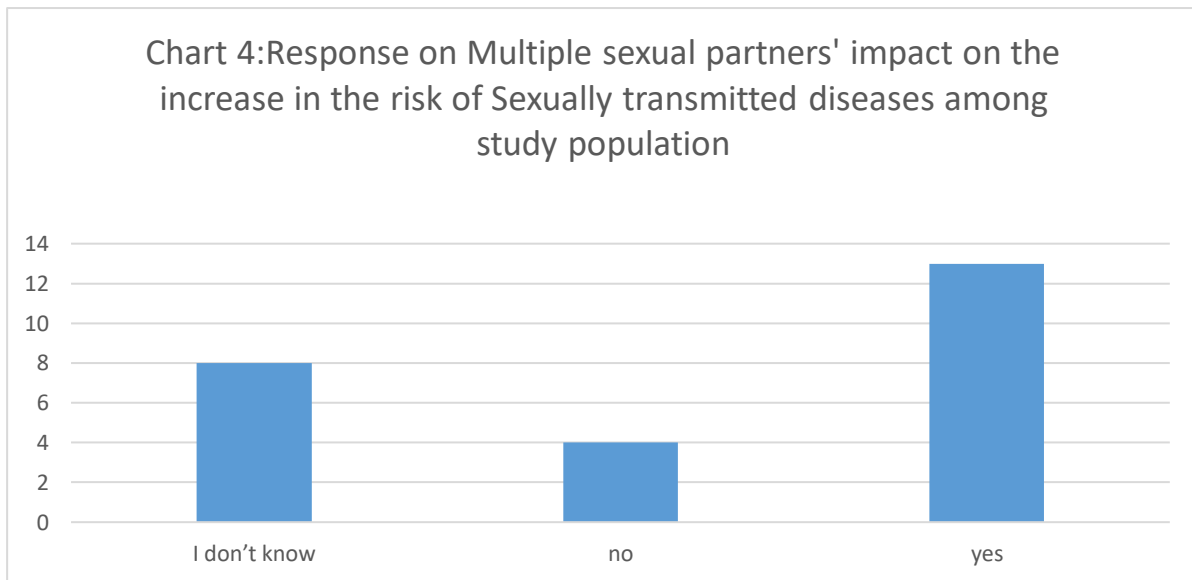


Figure 4: Response on Multiple sexual partners' impact on the increase in the risk of Sexually transmitted diseases

13 out of 25 were aware that multiple sexual partners may increase the risk of STDs.

23 out of 25 patients opined that sex education must be included in the high school curriculum to help reduce the incidence of STDs. 3 out of 25 thought that the incidence of premarital sex increases with sex education. 8 patients believed that alcohol and recreational drug usage increases the risk of acquiring STDs, 2 thought that it does not increase and the remaining 15 were neutral about it.

Discussion

Sexually transmitted Diseases, as a group of infectious diseases, pose a unique threat in terms of treatment and spread of infection due to the stigma and lack of awareness. The exact incidence of STDs is often unknown. The estimates of STD burden depend on the extent to which patients seek health care, the intensity of case finding and diagnosis, and the quality of reporting. Younger age at the first sexual

encounter, “Live-in “culture, multiple partners, and the influence of alcohol and recreational drug use have led to a decrease in the mean age of acquiring various STDs.

Young individuals who are particularly at risk are less likely to approach health care for treatment due to the long incubation period and asymptomatic nature of some STDs, lack of knowledge about symptoms, possible complications, and cultural, social, and economic factors.

The Piot and Fransen model of STI/RTI management graphically sums up the problems in the treatment of RTI. The bottom bar represents all women with STI/RTI in a community. The bars above show how many people are identified at each step and the differences between the bars illustrate lost opportunities for stopping STI/RTI transmission. A comparison of the small top bar with the bottom one shows the proportion of all people with STI/RTI in the community who are identified and correctly managed at health facilities. This

emphasizes that in the control of STI/ RTI, the contribution of clinical services is small and the most important step is the primary

prevention of these infections[12].

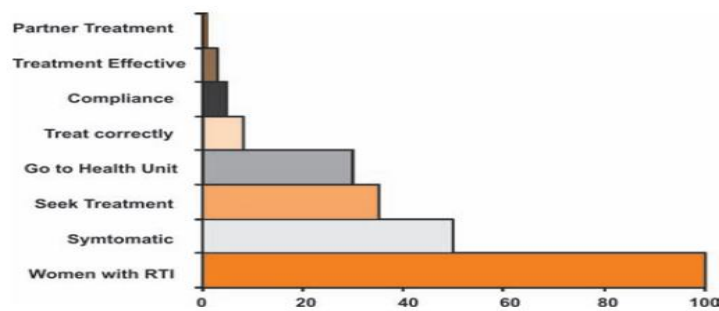


Figure 5: Piot and Fransen model of STI/RTI management

The primary prevention of STIs/RTIS can be achieved by:

- Creating awareness and imparting knowledge about safer sex and STI/RTI
- Correct and consistent use of a condom
- Avoiding multiple partners
- Maintaining sexual hygiene
- Removing stigma and bias in community and health care
- Improving access to safe delivery and safe abortion services
- Screening of all pregnant women for syphilis[13].

In the present study, most of the respondents knew about HIV/AIDS. STDs other than HIV were known to a minority, 16% knew about Syphilis, 12% about Gonorrhoea, and 4% about Genital Herpes and Warts, none about LGV, Chlamydia, Trichomonas, and Chancroid. These findings correlate with the findings of Samkange-Zeeb, Florence N. et al[6], and Subbarao NT et al[7], Yadav et al[14].

In the present study, the major source of information was from schools/teachers followed by television/internet. These findings are similar to a study conducted by Aliyu AA et al among adolescents in North-Western Nigeria in which the major sources of information were school lessons, mass media, and health magazines[9] and that conducted by L. Swensson et al in Thailand in which the major sources of information were school, Internet, and hospital/clinic[10]. In a study conducted in South Western Nigeria by E. O. Amu et al, the major sources of information were the radio and television (electronic media), teachers, and newspapers.

Knowledge about the symptoms of STIs/RTIS was low. This correlated with the findings of Lal et al[15]. Only 4 out of 25 patients were aware of what safe sex means. Irrespective of the educational background, the awareness, and knowledge about STDs other than HIV/AIDS are low. These findings correlate with the study conducted by Amu E O et al[8]. Knowledge doesn't always translate into behavior based on observation –Only 4 out of 10 people have used a condom during their first sexual encounter although they knew the protective effect of condoms against STDs.

Although some patients are aware of STIs/RTISs other than HIV/AIDS, knowledge about the symptoms, complications, and risks associated with unprotected sex and multiple sex partners is largely unknown. This is a potential area to be focussed on in further sex education programs.

23 out of 25 patients opined that sex education must be included in the high school curriculum to help reduce the incidence of STDs. The majority were of the opinion that it doesn't increase the incidence of premarital sex. These indicate changing attitudes in the acceptance of sex education among youth. This helps in guiding young adults and providing knowledge about sexuality, STDs, and their prevention.

In a study conducted by Halder K. C. in West Bengal, India, opinions about sex education of adolescents, parents, and teachers were taken. While only 18 teachers were comfortable discussing sexuality with their students, 90% of teachers believe that it is important to learn how to talk with children about sexuality. Although 72% believed that sex education is essential as children are growing up rather than as

adults, 65% thought that it is too conservative in modern India. 72% did not think sex education would result in more sexual activity among children. The majority of the parents and teachers had positive attitudes about sex education. Adolescent males had a more positive attitude towards sex education than adolescent females[11].

Conclusion

From this study, we conclude that irrespective of educational qualification, knowledge about STDs other than HIV among youth remains low. Teachers and mass media play a pivotal role in providing sex education. Although the attitude towards sex education has changed over the years, accessibility and comprehensiveness must be focussed on to attain acceptable levels of knowledge. Management of STDs is different from other infectious diseases not because of the lack of treatments available but the stigma which prevents the majority to access health care for testing and treatment. Lack of knowledge and stigma go hand in hand. Therefore, there is a need to fill gaps in knowledge to overcome the stigma associated with STIs/RTIs and approach health care. Introducing age-appropriate sex education to children and adolescents can go a long way in adopting healthy sexual behaviour and choices as adults.

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