

AWARENESS AND PRACTICES REGARDING SEXUALLY TRANSMITTED INFECTIONS AMONG CURRENTLY MARRIED MALES AND FEMALES IN A RURAL DISTRICT OF SINDH

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ABSTRACT

Objective: To determine the levels of awareness and practices regarding sexually transmitted infections (STIs) in a Rural District of Sindh - Pakistan.

Methodology: It was a cross - sectional survey conducted in Taluka Khipro, District Sanghar-Sindh during June 2004 in fifteen villages. Data was collected through a structured questionnaire by trained local male and female workers who interviewed door to door. A total of 116 currently married males and females were interviewed.

Results: Majority of males 34(29%) were in 25-29 years age group, while among females 32 (28%) fell in 20-24 years age group. Majority of males i.e. 79 (68%) and females 108(93%) was not educated. Only 36(31%) males or females knew symptoms of STIs like vaginal discharge, discharge from urethra and back pain. Twenty-five (22%) males and 12(10%) females reported that "only wife can have sexual disease". Two (2%) females shared that both (male and female) can have Sexually Transmitted Infections (STIs), AIDS and Hepatitis C. Male respondents (72%) knew different symptoms of STIs. Majority of males (78%) and females (51%) were aware about Hepatitis B and C infections. Majority of respondents had never heard about AIDS. Only 4% males were of the view that it spreads by inappropriate sexual relation. Sixty married females (52%) had knowledge about any contraceptive method. No subject (male or female) reported having ever used any contraceptive method.

Conclusion: This study depicts poor picture of a rural population in awareness and practices regarding STIs in particular and reproductive health in general in the target area. This was a limited study and to further explore reproductive health issues in rural areas, studies with larger sample size and stronger statistical evidence are required.

KEY WORDS: Sexually Transmitted Infections, Awareness, Behaviour, AIDS, Contraception.

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INTRODUCTION

Sexual health is a state of physical, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity. It requires positive and respectful approach to sexuality and sexual relationships, the possibility of having pleasurable and safe

sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, sexual rights must be respected, protected and fulfilled. Sexually transmitted infections (STIs) are among the world's common diseases with annual incidence exceeding every day. Nearly, one million people acquire a new STI and worldwide >1 million new cases of curable STIs and even more new viral (non-curable) infections occur every year.¹ Up to 80% of STIs occur in developing world. In adolescents and young adults, there is highest rate of STIs.¹

STIs are communicable, with far reaching public health consequences, so, early detection and treatment are important for sexual and reproductive health (SRH) of individuals as well as community.² They are responsible for large burden of diseases and deaths in developing countries including Pakistan.³ In these countries, high levels of STIs and related complications are due to inadequate health service provision. Level of awareness about STIs is generally low because of stigma associated with sexual issues and asymptomatic nature of many STIs. Sexual behavior is a major determinant of STIs heavily influenced by socio-cultural, economic and political context. Although, the overall prevalence and incidence of bacterial STIs have declined because of syndromic management and changes in sexual behavior, but prevalence and incidence of many viral STIs have increased over the past decade.^{3,4} Around 340 million new cases of bacterial STIs; chlamydia and gonorrhoea occur annually.⁵ Among them, 18.9 million infections occur in USA only.⁶ Meanwhile, 8 million women suffer life-threatening complications due to STIs and poor sexual health in pregnancy. More than 100 million curable STIs occur each year and 200 million women lack access to family planning.⁷ Infection of the vagina due to trichomoniasis is reported to be the most common treatable STI in women. Though, it does not cause severe complications as seen with chlamydia or gonorrhoea, however, it has been reported to be the most common STI in HIV infected women in many clinical settings.⁸ There is strong associa-

tion between both ulcerative and non-ulcerative STIs in HIV infection.⁹

This study aimed to determine the awareness and practices regarding sexual diseases among the married couples in a rural district of Sindh, Pakistan so that appropriate interventions are designed to improve the Safe Reproductive Health (SRH) of the target population.

METHODOLOGY

This study was conducted in 15 villages of Taluka Khipro, District Sanghar – Sindh province of Pakistan. According to last census of the District (1998), the literacy level in Khipro Taluka is 20.48%. Taluka Khipro consists of 13 union councils, 126 Dehs, and 620 villages. The literacy ratio in rural and urban area respectively is 17.64% and 53.09%.

This study was a community based survey conducted in June 2004. All the married couples of reproductive age between 15 to 40 years age group were interviewed. Couples selected were healthy with no medical problems and having normal sexual relationship. The variables were age at marriage, educational status, awareness regarding STIs, symptoms and complications and their effects on reproductive health. A pre-designed questionnaire was filled in by trained local male and female health workers from the participants of study. Finally, data were analyzed through SPSS version 11.0. No test of significance was applied because of the descriptive nature of data.

RESULTS

In total 116 volunteer currently married couples were interviewed. Trained male and female health workers were provided with pre-designed proforma, who went door to door in 15 villages and interviewed 116 married couples after obtaining the informed consent. Majority of males i.e. 34(29%) were in 25 to 29 years age group and 32(28%) females were in 20 to 24 years age group.

Trend of early marriage at young age was more in villages particularly females married at younger age than male. About 46(40%) females got married at age between 15 to 19

Table-I: Age composition of participants and Age at first marriage (n=116)

Age group (in years)	Male	Female
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%)
<i>Age at first marriage</i>		
15 - 19	25(22%)	46(40%)
20 - 24	37(32%)	34(29%)
25 - 29	28(24%)	26(22%)
30 - 34	15(13%)	06(5%)
35 - 40	11(9%)	04(3%)

years as compared to males (n=23, 20%) who were of 20 - 24 years age (Table-I). No formal education was common among the participants as 108(93%) females and 79(68%) males were uneducated. Only 7(6%) females and 14(12%) males reported having primary education. Only two (2%) participants reported masters level studies (Table-II). Table-III shows awareness regarding sexually transmitted diseases, their symptoms, place of treatment and their complications. Sixty-eight (59%) males were aware of doctor while only 25(22%) females knew about the doctor, however 78(67%) were aware of Traditional Birth Attendants (Dai) for the treatment of STIs. Majority of respondents did not know about symptoms of STIs. Discharge per urethra and vaginal discharge were the symptoms known as STI by 36(31%) participants. Male respondents (72%) knew different symptoms of STIs while 87% females did not know about it. Majority of males (78%) and females (51%) were aware about Hepatitis B and C infections. Knowledge about AIDs as an STI was not known by majority of respondents.

Knowledge of transmission of sexual diseases was very low. Eighty-seven (75%) females and 78(67%) males had no knowledge regarding the route of transfer of STIs. Participants' trend towards mass media was also disappointing. Ninety-five (82%) males and 115(99%) females never read newspaper, 74(64%) males and

Table-II: Educational status of respondents (n = 116)

Level of Education	Male	Female
Un-educated	79(68%)	108(93%)
Primary	14(12%)	7(6%)
Middle	5(4%)	0
Matriculation	7(6%)	0
Intermediate	5(4%)	1(1%)
Graduate	4(3%)	0
Master or above	2(2%)	0

91(78%) females never listened to radio. Meanwhile 28(24%) males and 12(10%) females listened radio daily. Only one male watched television once in a while. Having knowledge of any family planning method for avoiding pregnancy among the married females was reported by 60(52%) participants. Out of 116 married males, only 21 had heard about different contraceptive methods. However, no subject either male or female reported having had ever used contraceptive methods. Among these 21 males, 08 knew about pills, 05 condom, 03 each female sterilization and injectable methods while only 02 knew about intrauterine devices.

DISCUSSION

STIs are considered a major public health problem globally.¹⁰ In particular, increasing STI rates have been documented throughout Eastern Europe and Central Asia. The STIs have higher incidence, complications and spread at higher rate. The infectious agents which are sexually transmitted during pregnancy have considerable morbidity leading to miscarriage, low birth weight babies and vertical transmission via placenta during pregnancy like HIV, HBV, HCV, gonorrhoea and chlamydia.¹¹ Genital tract infection is the most important cause of infertility world-wide. It involves fallopian tube and also all the anatomic urogenital sites - both of male and female sexes.¹² Children and adolescents need comprehensive education about sexuality to practice healthy sexual behaviours as adults. Adolescents are the population at highest risk for acquiring sexually transmitted diseases (STDs). We observed this fact through this study, which is also supported

Table-III: Knowledge about treatment, symptoms and transmission of STIs among respondents (n = 116)

<i>Knowledge about place of treatment:</i>	<i>Male</i>	<i>Female</i>
Doctor	68(59%)	25(22%)
Hakeem	35(30%)	13(11%)
Homeopath	13(11%)	0
TBAs(Dai)	0	78(67%)
<i>Knowing symptoms of sexually transmitted disease:</i>		
Weight loss	03(3%)	0
Discharge per Urethra	36(31%)	10(9%)
Burning micturition	26(22%)	0
Frequent micturition	16(14%)	0
Vaginal discharge	0	36(31%)
Back pain	0	26(22%)
Chronic cough	03(3%)	0
Repeated fever	02(2%)	0
Skin rash	02(2%)	0
Don't know	28(24%)	0
<i>Knowledge of transfer of sexual disease:</i>		
Only wife can have	25(22%)	12(10%)
Only husband can have	13(11%)	15(13%)
Both can have	0	2(2%)
Don't know	78(67%)	87(75%)

by other local researchers.¹³ In this study, females were of younger age and married at young age as compared to males.¹⁴ These findings are also consistent with a study conducted in two other Rural Districts of Sindh, Pakistan.¹⁵

Globally, inadequate SRH services have resulted in maternal deaths and rising number of STIs, particularly in developing countries. Many are untreated because of lack of access to services.¹⁶ Same observation can be made through this survey - that majority of males and females fail to get service by trained health providers. Health priorities are different in developing world as compared to developed countries. Community can also assume some responsibilities for women's health. In our study, there was lack of awareness regarding reproductive health in the community particularly in females. Majority (99%) had no knowledge; however males had little knowledge (10%) about reproductive health issues. These findings are comparable with another study conducted in Rural Sindh.¹⁷

The prevention and control of STIs are based on education, counseling and awareness. For persons whose sexual behaviour put them at risk for STDs might protect women from developing PID by correct and consistent use of male latex condoms. However, this survey showed that only 5(4%) males out of 116 had knowledge about condom as contraceptive method and none of them ever used any contraceptive method. This reveals very poor knowledge about contraceptive methods in the rural areas of the developing countries like Pakistan. Reasons of not using contraceptive methods as reported by married males included family planning facility not available 72(62%), don't want to adopt family planning 22(19%), religious reason 22(19%), cost too much 22(19%), need desired number of children 22(19%) and the belief in natural spacing 22(19%). However, other researchers have reported increase in contraceptive use associated with increasing age of mother, parity, and the number of living children. Fear of side effects was the main reason reported by the non-users in that study.¹⁵

Hakeems, lady health workers, traditional birth attendants and other health providers need to be involved in youth reproductive health programs. These service providers play a significant role in this context and are still consulted by a significant proportion of the rural population. This study also shows more trend towards these health providers rather than medical doctors. Therefore, such service providers need to be educated on SRH issues. Importance of this fact has also been highlighted in other studies.^{13,15,17} Listening Radio was the source of information to some extent, in this study. Among 116 male or female respondents, 28 males and 12 females listened to the radio daily. Hence, emphasis should be given on this medium regarding SRH issues. This poor trend of respondents towards the mass media would have also badly impacted on the use of contraceptive methods.

In conclusion, this study depicts poor picture of a rural population in awareness and practices regarding STIs in particular and reproductive health in general in the target area. This was a limited study and to further explore reproductive health issues in rural areas, studies with larger sample size and stronger statistical evidence are required.

REFERENCES

- World Health Organization. Global Strategy for the Prevention and Control of Sexually Transmitted Infections, 2006–2015; WHO: Geneva, 2006.
- Memish ZA, Osoba AO. Sexually transmitted diseases and travel. *Int J Antimicrob Agents* 2003;21 (2):131-4.
- Khushk IA, Kadir MM. Sexual and reproductive health promotion: Need of the hour. *J Liaquat Uni Med Health Sci Jamshoro*. 2007; 1-2.
- Wasserheit JN. The significance and scope of reproductive tract infections among Third World women. *Int J Gynecol Obstet* 1989;3:145-68.
- Sangani P, Rutherford G, Wilkinson D. Population-based interventions for reducing sexually transmitted infections, including HIV infection. *Cochrane Database Syst Rev* 2004;(2):CD001220.
- 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.
- 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.
- 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.
- 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]
- 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]
- 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.
- Rizvi JH, Zuberi NF. Women's health in developing countries. *Best Pract Res Clin Obstet Gynaecol* 2006;20(6):907-22.
- 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.
- Holmes KK, Levine R, Weaver M. Effectiveness of condoms in preventing sexually transmitted infections. *Bull World Health Organ* 2004;82:454-61.
- 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.
- Minnis AM, Padian NS. 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.
- 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.

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