KNOWLEDGE ATTITUDE AND PRACTICES ABOUT BACTERIAL SEXUALLY TRANSMITTED INFECTIONS AMONG ADOLESCENTS AGED 15 TO 24 IN KASAMBYA VILLAGE WAKISO DISTRICT.

BY

BAMANYA EUNIA

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INDIAN INSTITUTE OF HEALTH AND ALLIED SCIENCES

A research report submitted in partial fulfillment of the requirement for the award of a Diploma Examinations in Clinical Medicine and Community Health of Uganda Allied Health Examination Board.

May, 2023.

DECLARATION

I Bamanya Eunia, declare that, to the best of my knowledge, this research report about **knowledge attitude and practices about bacterial sexually transmitted infections among adolescents aged 15 to 24 in Kasambya village Wakiso district** is my original work and has never been submitted to any other institute except the literature which has been reviewed. This report is submitted in for the award of a Diploma in Clinical Medicine.

Signature**.....** Date: **.....**

BAMANYA EUNIA

RESEARCHER

APPROVAL

This report has been developed with the help of my Supervisor, it has been duly approved by the research committee and passed through the hands of the Head of research committee, Indian Institute of Health and Allied Sciences.

Signature…… Date……

MR. TURYATUNGA GERALD

SUPERVISOR

Signature …… Date……

MS. ATUHEIRE SYLVIA

PRINCIPAL

DEDICATION

This report is dedicated to my dear mother Ms. Nalubaale Annet, my brothers George, Andrew, Isaac and Charles, my principal Ms. Atuheire Sylvia and my colleagues. This work would be incomplete without your continued encouragement, advice and support throughout the course of the research study.

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I acknowledge the Almighty God for sustaining my life and granting me the sound knowledge, wisdom, protection, courage and strength that has enabled me to prepare this report.

I give special thanks to my loving mother who has been a constant source of inspiration, given me full encouragement and constant prayers that have helped me push through with this research report, not forgetting my brother Senkubuge Isaac who offered a helping hand throughout the data collection process.

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Lastly, I thank my colleague Awonya Sarah for her constant encouragement and emotional support. God bless you all.

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LIST OF ABBREVIATIONS

AYFHS: Adolescent and Youth Friendly Health Services

DHS: Demographic and Health Survey

HIV: Human Immunodeficiency Virus

IIHAS: Indian Institute of Health and Allied Sciences

MoH: Ministry of Health

PHC: Primary Health Care

PID: Pelvic Inflammatory Disease

POCT: Point of Care Testing

STI: Sexually Transmitted Infection

UAHEB: Uganda Allied Health Examinations Board

UTI: Urinary Tract Infection

WHO: World Health Organization

OPERATIONAL DEFINITIONS

Adolescence: Is a transitional stage of physical and psychological development that generally occurs during transition from puberty to adulthood.

Awareness: Is a state of being conscious of someone or something.

Health Facility: Is a facility from where individuals seek and receive health care services in the community.

Knowledge: Is the perception of someone or something such as facts, information, description, or skill which is acquired through experience or education.

Reproductive Health Care Provider: Is a professional or auxiliary that provides reproductive health services to individuals in the community.

Social: A characteristic of living and relating together in a specific geographical location.

ABSTRACT

Background: STIs are infections that are passed from an infected person to another through sexual contact such as vaginal, anal routes as well as other non-sexual means. In Uganda, approximately 47% of sexually active adolescents between 15 and 24 years of age are affected by STIs, 42% of which are curable. This study sought to assess the level of awareness of bacterial STIs among adolescents, their attitudes and practices towards STIs as a measure of curbing transmission.

Methodology: The study was cross sectional quantitative data involving 101 adolescents who were selectively sampled. Data was collected through interview questionnaires.

Results: The major source of information about bacterial STIs to the adolescents was found to be schools and institutions. Syphilis and gonorrhea were the main bacterial STIs correctly known by a small proportion of the respondents. There were more sexually active female respondents than male with an overall peak age at sexual debut being 15 to 17 years. Condoms and abstinence from sex were the main modes of protection considered by 58.4% and 21.8% of the respondents respectively. Only 28.8% of the sexually active participants reported using condoms.

Conclusion: The study established that the overall knowledge of adolescents about bacterial STIs was low, with a variable attitude towards bacterial STIs. Their practices towards prevention of transmission of bacterial sexually transmitted infections were generally poor.

Recommendations: Allocation of funds for the implementation of sexual and health education in schools as a part of the curriculum to increase awareness of adolescents about bacterial STIs, boosting provision of adolescent friendly services to youths in the community so as to enhance a positive attitude and health seeking behavior towards bacterial STIs and routine sensitization of the general public to enhance the awareness was recommended.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter describes the background, problem statement, general and specific objectives, scope, significance and justification of the study.

1.1 Background

STIs are infections that are passed from an infected person to another through sexual contact such as vaginal, anal routes (sexually transmitted diseases fact sheet CDC, 2020). These infections may also spread through non-sexual means via blood and blood products, mother to child during pregnancy, childbirth, and breast feeding (Sexually Transmitted Diseases, 2021). Anyone who is sexually active is susceptible to the sexually transmitted infections. (sexually transmitted diseases fact sheet CDC, 2020).

Globally according to the World Health Organization (WHO), there is an estimated 374 million new cases of common STIs worldwide with 1 of 4 curable STIs every year (Sexually Transmitted Infections, 2022). STIs are among the most common infectious conditions affecting humans all over the world, infecting more than one million individuals daily (WHO, 2018). In developing countries, STIs and their complications are amongst the top five disease categories for which adults seek health care (Sexually Transmitted Infections in Developing Countries, 2016)

In Africa, approximately 93million people are infected with sexually transmitted infections, representing 40% of the global incidence (WHO, 2017). In Sub-Saharan Africa approximately

60 million new infections with curable STIs are reported with a prevalence of 23.7%, (Badawi MM, 2022). Studies revealed that all STIs except herpes simplex virus 2 (HSV 2) were more prevalent among young women, 15–24 years compared to those aged 25–49-years regardless of population type or region (Torrone EA, 2018).

In East Africa STIs occur among approximately12.3million adults with prevalence higher among those aged 12-24years especially in Uganda and Tanzania (DA, 2011). In Tanzania, approximately 2.2 million adults and children are infected with STIs including HIV/AIDS. Among children below 15 years of age, 17% have been infected with STIs, and 50% of the STIs occur before the age of 29 (Amu E O, 2015).

In Uganda, according to the ministry of health STI surveillance the prevalence of STIs has remained persistently high, with an increase from 22% in 2006 to 27% in 2011 while up to 1.5 million cases of STIs were recorded between 2015 and 2017 (MoH, 2018). This high prevalence of STIs and associated adverse health outcomes makes STI control a public health priority. According to Semwogerere and colleagues the prevalence of STIs is elevated which increases the morbidity burden especially among young adults and sex workers. (M. Semwogerere, 2021).

In Wakiso, not much research has been conducted about sexually transmitted infections. However, related information reveals that the STI burden especially among adolescents is high considering that many cases are misdiagnosed as urinary tract infections (UTIs) and that several cases seek treatment from health facilities that don't report through DHIS2 (Paul, 2014).

1.2 Problem Statement

Globally, STIs are among the most common health conditions with approximately 1million new infections daily and higher prevalence in developing countries. When left untreated, they are associated with serious consequences including increased risk of contracting HIV, still

birth, neonatal death, low birth weight, sepsis, pneumonia among others (Sexually Transmitted Diseases, 2021).

In Uganda, approximately 47% of sexually active adolescents between 15 and 24 years of age are affected by STIs, 42% of which are curable (Masanja, 2021). The government of Uganda through Ministry of Health has implemented nationwide strategies aimed at controlling the spread of STDs such as syndromic management, and point of care testing (POCT) of STIs as endorsed by the World Health Assembly in 2016 (Rhodes SD, 2021). Despite such interventions the etiological diagnosis still remains difficult partly due to limited access to laboratory diagnostics to guide appropriate treatment, but predominantly associated with lack of knowledge and awareness among the most at risk populations (Badawi MM, 2022)

Therefore, this study sought to assess the level of awareness of bacterial STIs among adolescents, their attitudes and practices towards STIs as a measure of curbing transmission in the community.

1.3. General objective

To assess the knowledge, attitude and practices among adolescents aged 15 to 24 years about bacterial STIs in Kasambya village, Wakiso district.

1.4. Specific objectives

1. To assess the level of knowledge of adolescents aged 15 to 24 years about bacterial STIs.
2. To explore the attitudes of adolescents aged 15 to 24 years towards bacterial STIs.
3. To identify the adolescents' practices about bacterial STIs among those aged 15 to 24 years in Kasambya village, Wakiso district.

1.5. Research questions

1. What is the level of knowledge about bacterial sexually transmitted infections among adolescents?

2. What is the attitude of adolescents towards bacterial sexually transmitted infections?
3. What are the practices regarding bacterial sexually transmitted infections among adolescents?

1.6. Significance of the study

Addressing the factors influencing prevalence and transmission of bacterial STIs among adolescents in a more effective way can provide strong ground for more effective health interventions through Adolescents and Youth Friendly Health Services (AYFHS).

The results of the study will help in empowering adolescents with knowledge to change the unhealthy attitude and practices and embrace those appropriate to the prevention and control of sexually transmitted infections.

The results of the study will be helpful in enriching knowledge for reference and comparison of data obtained elsewhere in Uganda, as well as guide future research studies on similar topics.

1.7. Scope of the study

1.7.1. Content scope

The dependent variable of the study was bacterial sexually transmitted infections.

1.7.2. Time scope

The study was carried out between the periods of December 2022 to February 2023.

1.7.3. Geographical scope

The study was conducted in Kasambya village in Busukuma Sub County, Wakiso district. The area is located 30.8km from Kampala along Gayaza-Zirobwe road. It is located at the longitude of 32.590155 and latitude of 0.517375, the total distance from Kampala being 23.46km (14.6miles).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter captures the review of literature related to the study. The chapter identifies and analyzes information related to the problem. The sources for this literature include journals, reports, books and periodicals. Some of these sources are primary and others are secondary. The lessons and gaps identified from the literature review are captured in the summary, at the end of this chapter.

2.1 Knowledge of adolescents about sexually transmitted infections.

A study conducted by Masthoff in 2017 established that lack of the right sex education to adolescents, results in physical relations with resultant contraction of STDs. This lack of sex education together with the growing desire of adolescents to explore their sexuality has led to decreased age of initiation of sexual activity (Masthoff Paul M., 2017).

In Ethiopia a study by Ayalnesh revealed that among adolescents, male students are almost twice more likely to be more knowledgeable than their female counterparts owing to their increased exposure to different information including STDs, and attributed to spending more time in outdoor interactions (Ayalnesh Asmawaw, 2018). Teenagers who receive appropriate sexual education have extensive awareness about STDs which lowers the risk of spread (Mohammed, 2017).

Teachers and mass media were the sources of information on STDs to secondary school students in Mlimba Division in Tanzania. Students who reported teachers were source of information; 19.2% males and 18.6% females while mass media; 16.2% males and 12.9%

females (Kavana, 2021). The results in this study are low compared to studies conducted in Ethiopia where teachers and mass media contributed 48.1% and 39.7% respectively (Kajela G, 2015).

Another study in Tanzania on school-going adolescents found that (95.9%) had an idea about STDs with (21.6%) male and (16.4%) females able to identify the common STIs, their most common sources of information being school and mass media advertisements (Kavana, 2021). Similarly, a study in South Africa by (Nyasulu P, 2018) shows (70.1%) knowledge about STIs among adolescents where (37.2%) could ably mention the different causes of STIs and (19.3%) could distinguish between the curable and non-curable STDs (Nyasulu P, 2018).

Various government programs and mass media have been implemented in South Africa to enhance awareness about HIV/AIDS, however the knowledge about other STIs remains low (Kaida A, 2018).

According to Nagesh Tamkur and colleagues, in India the level of awareness about sexually transmitted infections other than HIV among teenagers is relatively high (64.0%). However, Nagesh also noted that only (29.6%) of the individuals were aware that some of these infections can exist in a person without presenting any symptoms, and 8% disagreed with the possibility of acquiring an STI without manifestation of symptoms (Nagesh, et al, 2016).

In a similar study in Uganda, Faith Nawagi discovered that a high proportion of adolescents in Kampala lacked knowledge about the predisposing factors to, as well as the systemic outcomes of STDs to an individual`s wellbeing despite being aware of various signs and symptoms of STIs (Nawagi, 2016)

2.2 Adolescents` attitude towards sexually transmitted infections

Sexual behavior is dependent upon the social and cultural environment in which one lives, and is influenced by societal sexual norms and practices, and not just self-perceived susceptibility to sexually transmitted infection (Akwara PA, 2018).

A 2017 study by Gearhart found that majority of adolescents had a preference of seeking health care about STIs from private health facilities rather than from government facilities. He also noted that AFHS implemented in Ethiopia were generally ineffectively utilized due to sub-standard quality of care offered as perceived by young adults. (Gearhart, 2021).

A high percentage of students confuses the prevention against STDs and pregnancy. They report feeling comfortable entrusting prevention of STDs to the use of condom, contraceptive pills, spermicides, and IUD, an indication that a confusion of ideas thrives among our teenagers, despite the apparent easiness of their life conduct. However, this does not seem to significantly affect the sexual habits of a considerable percentage of teenagers who believe that oral, anal, and vaginal sex are at low risk of contracting an STD (Bergamini M, 2013).

Teenagers' perception about sex significantly determines their decision to initiate sex, irrespective of who they have it with hence the high susceptibility to acquire new STIs (El-Tholoth, et al., 2018). Perceptions of risk for STIs among the learners was uniformly low; 24% for contracting a STI and 26% for HIV, with about 59% of the respondents being either unaware or not sure of the primary health care (PHC) services within the community. Those who admitted to being unaware reported using traditional healers exclusively regarding their sexual and overall health (Nyasulu P, 2018).

2.3 Adolescents` practices about sexually transmitted infections

The readiness of the young adults to report symptoms of STIs directly correlates with the individual's knowledge about STIs. Delayed initiation of sexual activity was established as highly with the ability of adolescents to report symptoms of STIs compared to those with earlier initiation. (Gearhart, 2021). According to a study by Fehintola in Nigeria, there is early initiation of sexual activity among adolescents, which is linked to increased transmission of STIs (Fehintola, 2018).

According to a study in north west Ethiopia, Ayalnesh and colleagues found that fear of acquiring STDs compels students who are sexually active to resort washing their genitalia before and after sexual intercourse (10.1%) while others practice abstinence (47.2%) and faithfulness to one sexual partner (39.4%) (Ayalnesh Asmawaw, 2018)

Partner notification; Studies that assessed patient delivered treatment for trichomoniasis found that 74% of individuals infected with STIs having self-reported symptoms reported delivering STI treatment to their sexual partners regardless of whether partners had presented with symptoms. These individuals also reported a lower rate of reinfection following proper treatment adherence from either direct observation or personal initiative (Schwebke & Desmond, 2015). In Uganda a study conducted on female sex workers in Kampala about notification and treatment of their stable partners, revealed 50.6% acceptance, with higher rates with in increased level of education of the participants (Mayanja Y M. A.-M., 2016).

A study by Norbu and colleagues revealed that a high proportion (67.8%) of adolescents in Bhutan adopted to having a single sexual partner as means of preventing sexually transmitted diseases and this was enhanced by their good knowledge of STIs (Norbu K, 2017).

In Vietnam, the health seeking behavior of adolescents depends on their knowledge about STIs and the resultant complications of untreated infections are attributed to ignorance (Sau H N, 2019). In developed countries chlamydia is the most common bacterial STI despite their screening guidelines, advanced testing modalities and accessibility to effective treatment (Unemo M., 2017).

The use of condoms as a means of protection against STI transmission is highly adopted by 94.3% of adolescents in Nigeria, according to study findings by (Esther O. Oluwole, 2020)

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes study designs, study settings, study population, sample size determination, sampling procedures, inclusion criteria, data collection procedures, data management, data analysis, ethical considerations, quality control, study variables, limitations of the study and dissemination of results.

3.1 Study design and rationale

The study was conducted through a cross-sectional study of qualitative nature. The study design was used to determine the knowledge, attitude and practices of adolescents towards bacterial sexually transmitted infections. The cross-sectional research design was used because it aids in rapid data collection and allows a snap shot interaction with a small number of respondents at a point in life.

The study considered both qualitative and quantitative methods of data collection. Under quantitative, the findings were presented in numeral forms such as percentages, using frequency tables, bar graphs and pie charts. Under qualitative approach, narration and explanation findings were done. To gather qualitative data, a questionnaire was designed and administered to the respondents. This type of study design helped the researcher to identify the knowledge attitude and practices about bacterial STIs.

3.2 Study population

The study population consisted of adolescents, both school-going and non-school going that were living in Kasambya village at the time of data collection.

3.3 Sample size determination

The sample size for the study was obtained using Fisher's et.al, 1990 formula i.e. n = Z^2PQ/D^2

Where; n = desired sample size.

Z = standard normal deviation taken as 1.96 at confidence interval of 95%.

P = proportion of the population with suitable characteristics for participation, 7.1% as estimated by UBOS 2017= 0.071.

D = tolerable error 5% (0.05).

Q = population without the desired characteristics (1-P).

P+Q = 1

n=Z^2PQ/ D^2

n = (1.962 x 0.071 x 0.929) / (0.052)

n = 101.4

Therefore, 101 samples formed the minimum sample size.

3.3.1. Inclusion criteria

All adolescents living in Kasambya village at the time of data collection who consented to participate in the study.

3.3.2. Exclusion criteria

Those who did not consent to participate in the study.

3.4. Sampling technique

Non-random sampling was used. Purposive sampling was used to select knowledgeable respondents because the sample size was small.

3.5. Sampling procedure

Consecutive recruitment of the first 30 respondents who had consented to participate in the research project during the data collection period was considered.

3.6. Data collection methods

The researcher used a structured interview to determine the knowledge, attitude and practices associated with bacterial sexually transmitted infections among adolescents. And the research involved qualitative and quantitative methods of data collection.

3.7. Data collection tools

A structured questionnaire with both open and closed ended questions was used as a tool for gathering information. It was designed and administered to the selected respondents where they were requested to fill them in their own responses with the help of an interpreter for those who were not able to read and write. This design was most suitable because the study participants needed a lot of privacy and comfort to provide factual and detailed information about themselves and more so concerning them with their reproductive sexual ways.

3.8. Data collection procedure

An informed consent was obtained from each respondent, questionnaires administered by the researcher and research assistants to the study participants. The questionnaires were carefully filled by the respondents. By the end of each day, filled data tools were collected and kept in a

safe place and the exercise carried out on alternate days in a week till the required sample was reached.

3.9. Study variables

The dependent variable was bacterial sexually transmitted infections.

3.10. Quality control

The researcher pretested the data collection tools for comprehension and clarity. Ethics approval for the pretesting was obtained from the committee for Research at Indian Institute of Health and Allied Sciences.

The participants helped to ensure the questions were specific, well structured (face validity) and addressed basic and specific questions that were relevant to the study, by completing the questionnaire and provide written comments independently on the existing questions.

Additionally, open–ended questions were incorporated to obtain detailed comments from the adolescents taking part in the study to help provide more descriptive information.

During data collection for the study, filled questionnaires were checked for validity before leaving the data collection site for accuracy, missing data and completeness of the questionnaires on a daily basis. This was followed by coding and entry of data using Microsoft Excel software for Windows for analysis, data was coded manually then entered correctly in the computer. This was done to avoid unauthorized access and prevent losses.

3.11. Data analysis

All the data collected was checked for completeness and sorted to eliminate obvious inaccuracies and omissions. The data was then manually coded and entered into Microsoft

Excel where it was summarized into pie charts, figures and tables. Descriptive data analysis was used for non-codable information.

3.12. Ethical considerations

Approval to conduct this study was obtained from the research committee of IIHAS through a letter of introduction of the researcher seeking permission to conduct a study from responsible authorities at the place where the study was conducted.

The purpose and objectives of the study were thoroughly explained to all parties involved in the study, the respondents were assured of maximum confidentiality of the data collected, only numbers were used instead of respondents' names.

3.13. Study limitations

The researcher was limited by the following;

Time: However, all necessary measures were taken and considered to ensure that all objectives are achieved.

Financial constraints; the researcher overcame this by developing a budget that served as a guide in efficiently utilizing the available resources

Language barrier; An Interpreter was employed to help in effective translation and communication with the participants of the study.

3.14. Dissemination of results

After completion of the study, the approved copies of the findings were disseminated to the following places;

a) Uganda Allied Health Examination Board for the award of a Diploma in Clinical Medicine and Community Health.
b) The supervisor to avoid research duplication.
c) The library of Indian Institute of health and allied sciences for future research references.
d) Personal copy for future referencing and ownership

CHAPTER FOUR

DATA PRESENTATION

4.0 Introduction

This chapter presents data obtained from adolescents in Kasambya village, Wakiso district in a study on knowledge, attitude and practices about bacterial sexually transmitted infections. The data was collected using quantitative method where 101 respondents were interviewed, data analyzed using Microsoft excel and presented in figures and tables with explanatory remarks in accordance to the specific objectives of the study.

4.1 Demographic data of the respondents

Table 1: socio-demographic characteristics of respondents in Kasambya**.**

Age range	**Frequency (n=101)**	**Percentage**
15-17	34	33.7
18-20	42	41.6
20-24	25	24.7
Gender		
Female	46	45.5
Male	55	54.5
Level of education		
Tertiary	29	28.7
Secondary	52	51.5
Primary	08	8.0
None	02	2.0

According to information presented in table 1 above, 42 (41.6%) of the respondents were in the age group of 18-20 years while 25 (24.7%) were aged between 20-24 years.

Also, more than half of the respondents (54.5%) were male while 45.5% were female respondents.

According to level of education attained, more than half of the respondents 52 (51.5%) had attained secondary education, 29 (28.7%) had reached tertiary institutions and only 8 (8.0%) had attained primary education.

Figure 1: relationship status of the respondents

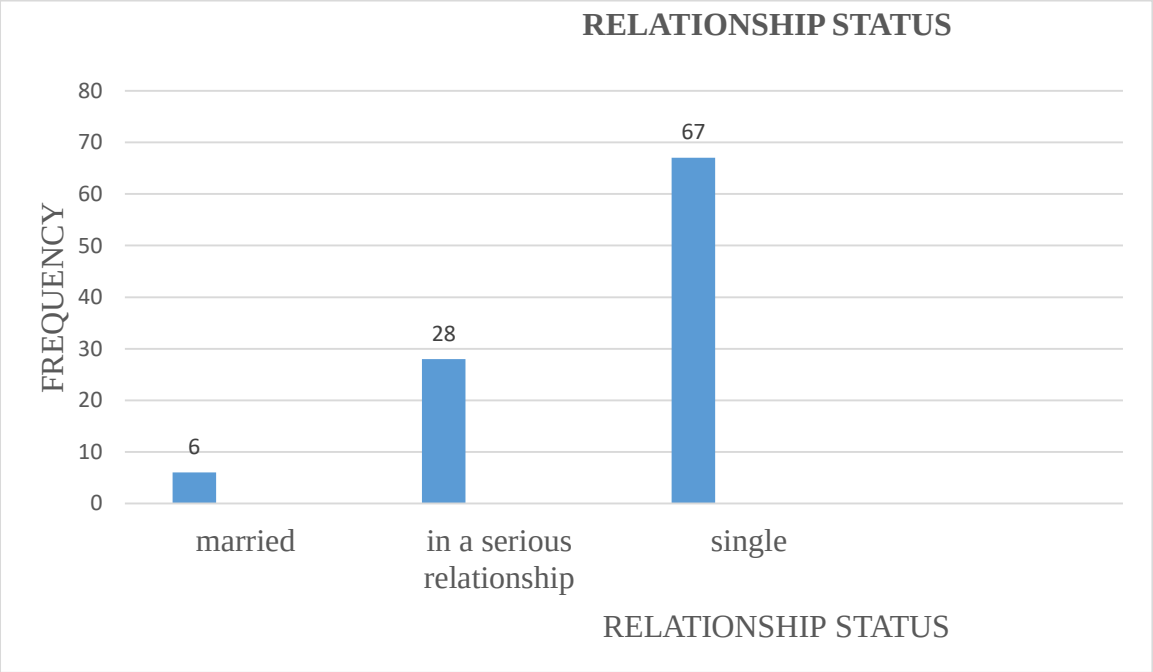


Figure 1 above shows that majority 67 (66.3%) of the respondents were single while only 8 (8.0%) were married and 26 (25.7%) reported to be in a serious relationship.

4.2 knowledge of respondents about bacterial sexually transmitted infections

Figure 2: Source of information about the bacterial STIs

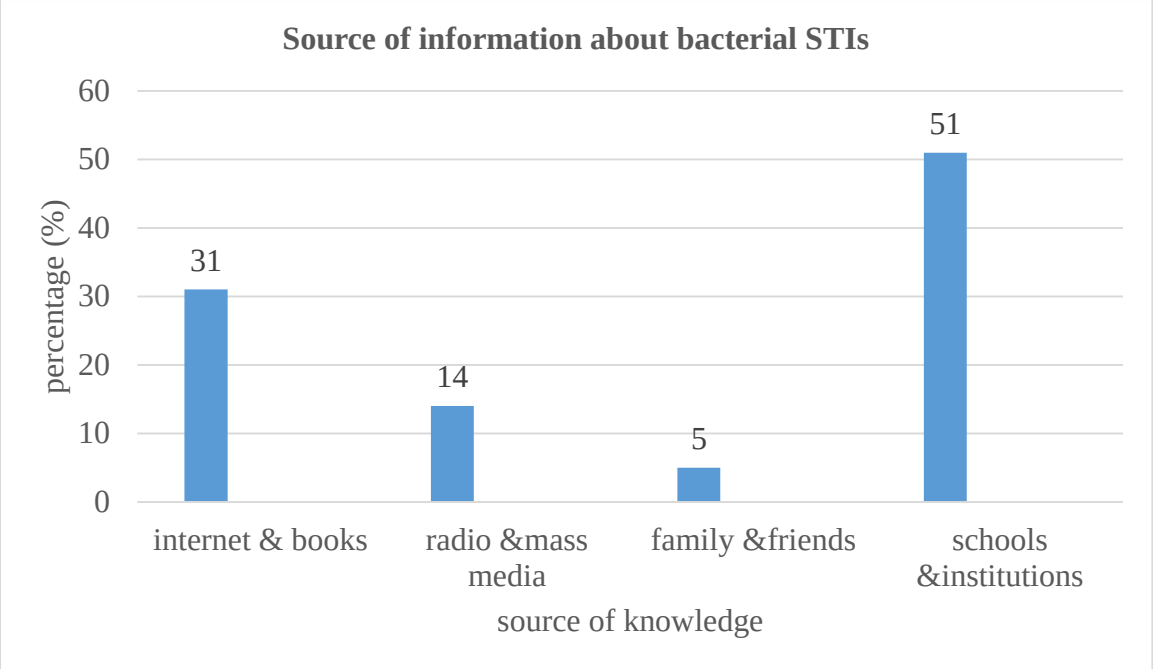


Figure 2 shows that nearly half of the study participants 51 (50.5%) acquired knowledge about bacterial STIs from schools and institutions, 31 (30.7%) reported to have obtained information from the internet and books while the least source of information was family and friends 08 (8.0%)

Table 2: Knowledge regarding STIs among respondents

Bacteria causing STIs	**Frequency**	**Percentage (%)**
Syphilis	48	47.5%
Gonorrhea	51	50.5%
Others	17	16.8%
Symptoms of bacterial STI		

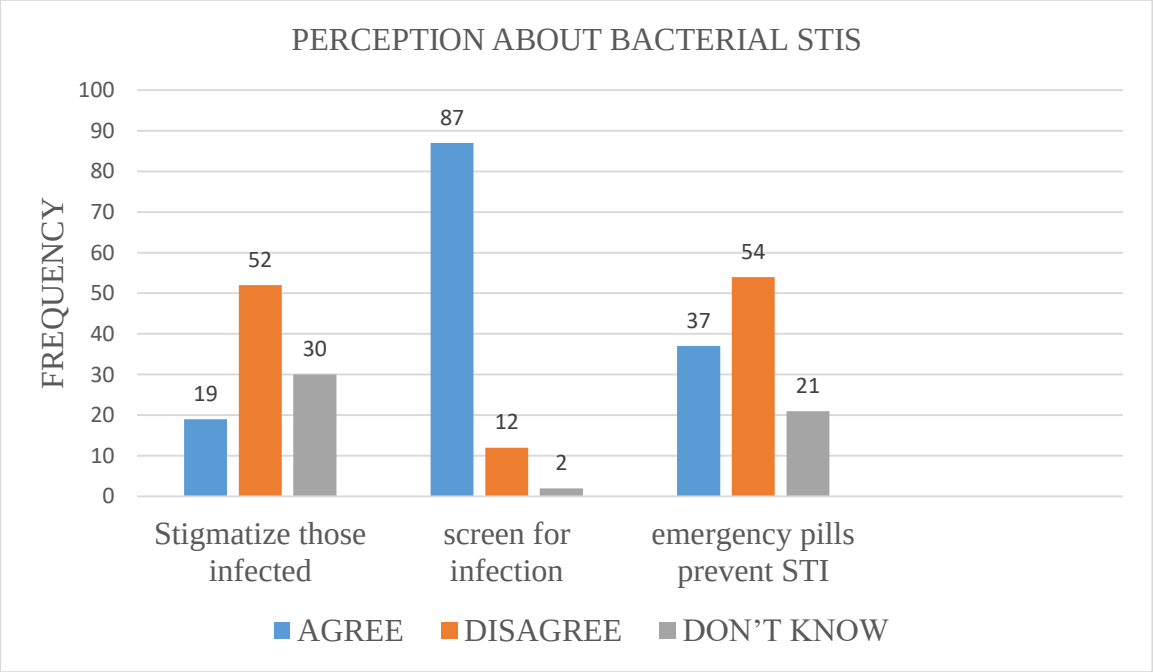
Discharge from vagina/ urethra	35	34.8%
Pain /burning on urination	40	39.7%
Genital ulcer	28	27.7%
Others	19	18.8%

According to the information presented in table 2 above, syphilis was identified as a bacterial STI 48 (47.5%) of the respondents, while gonorrhea was considered by 51 (50.5%) of the respondents.

The main symptoms known by respondents were pain on urinating 40 (39.7%) and discharge form vagina/ urethra 35 (34.8%). Other symptoms considered were genital ulcer 28 (27.7%)

4.3 Attitude of respondents about bacterial sexually transmitted infections

Figure 3: Perception of respondents about bacterial sexually transmitted infections



4.4 Practices of respondents about bacterial sexually transmitted infections

Figure 4: Sexual experience of male and female respondents

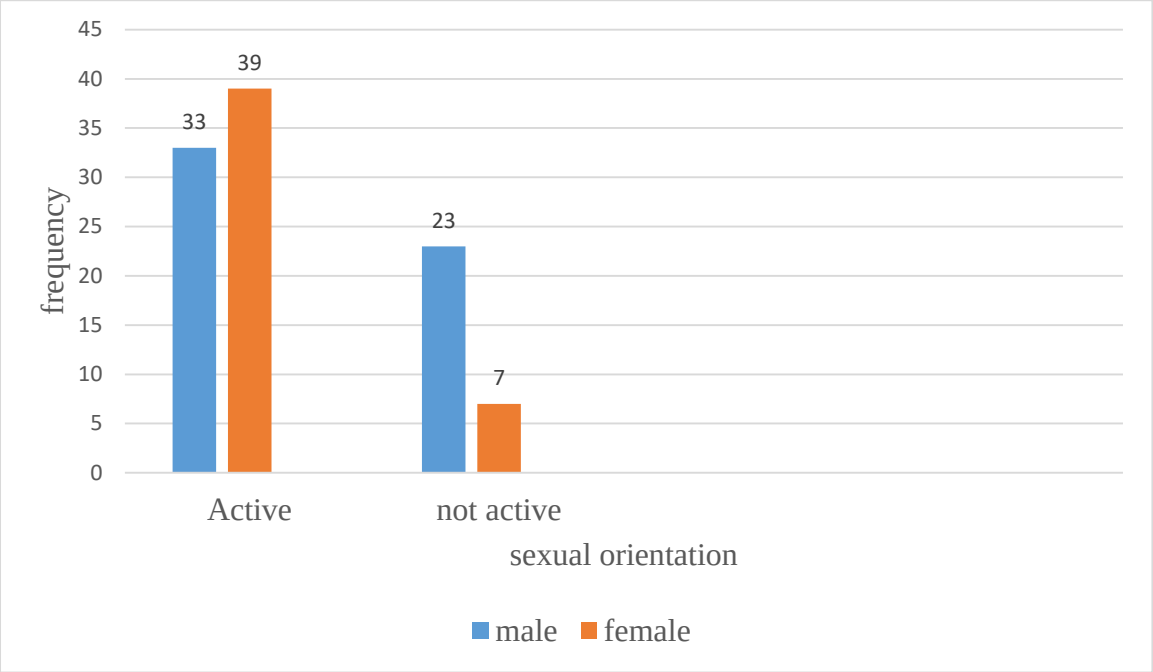


Figure 4 above shows that there are more sexually active female participants 39 (54.2%) than male 33 (45.8%). Likewise, the majority (76.7%) of the respondents without previous sexual experience are males.

Figure 5: Age at initiation of sexual activity

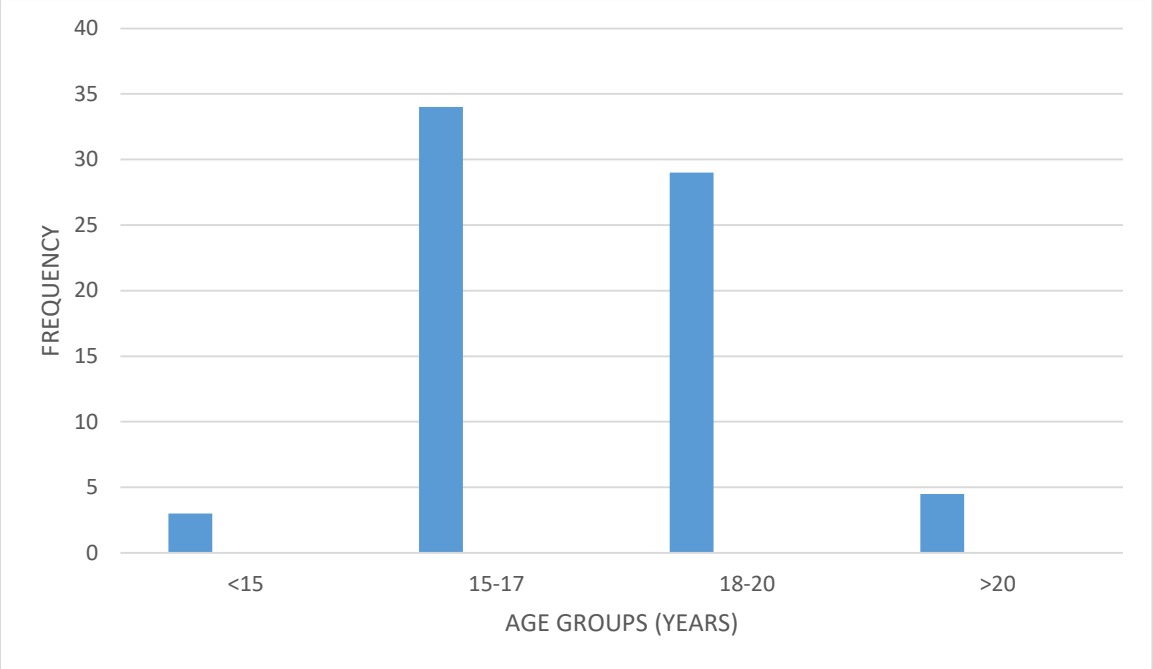
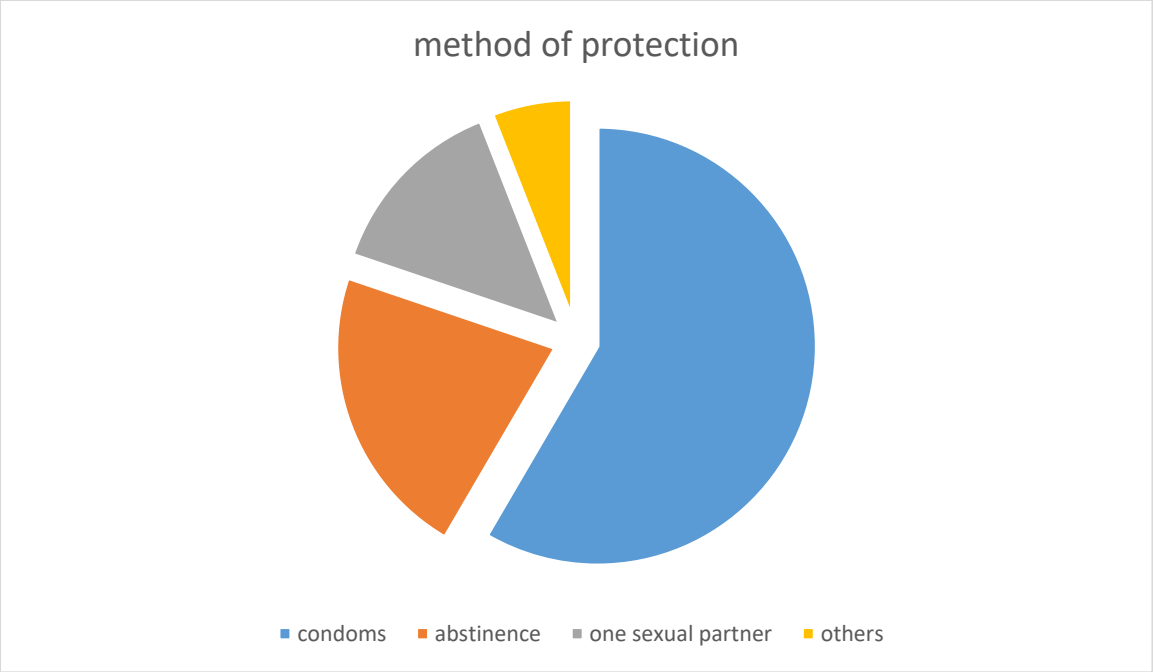


Figure 5 shows that the highest number of sexually active respondents 34 (43.0%) started having sexual intercourse between 15-17 years of age while those that initiated at an age above 20 years were 13 (16.5%).

Figure 6: mode of protection against transmission of bacterial STIs



More than half of the respondents 59 (58.4%) considered condoms as the method of protection against transmission of sexually transmitted infections while 22 (21.8%) indicated abstinence from sex and the minority 6 (5.9%) used other methods. For each mode of protection used, the respondents reported their reasons for consideration which were wide in variety.

Table 3: Use of condoms and number of current sexual partners by the respondents

Condom use	**Frequency**	**Percentage (%)**
Yes	17	28.8%
No	42	71.2%
Current sexual partners		
1	24	38.1%
2	27	42.9%
>2	12	19.0%

According to information presented in table 3 above, only 17 (28.8%) of the sexually active respondents use condoms to prevent transmission of STIs while majority 42 (71.2%) said they never use condoms.

Regarding number of current sexual partners, more than a third of the respondents that were sexually active 24 (38.1%) had only one sexual partner, while the minority 12 (19.0%) had more than 2 sexual partners.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents discussion of the analyzed results in accordance to the specific objectives of the study and related literature about knowledge, attitude and practices of adolescents about bacterial sexually transmitted infections. It also involves the conclusions from the interpreted findings of the study as well as the recommendations.

5.1 Discussion

5.1.1 Knowledge of respondents about bacterial sexually transmitted infections.

According to the study findings, most respondents (50.5%) acquired knowledge about bacterial STIs from schools and institutions, followed by internet and books (29.7%). This may be associated with the majority (51.5%) of the respondents having attained at least secondary level education while (41.6%) were in the age group of 18-20 years who have extensive access to mass media which is pooled with a variety of information. In support of these findings, (Kavana, 2021) in his study conducted in Mlimba division, Tanzania found that teachers and mass media were the main sources of information to adolescents. Contrary to the above, Paganella and colleagues (Paganella, 2016) in their study to assess knowledge about STIs in Brazil revealed that television was the most preferred form of obtaining STIs information regardless of education level.

The study findings revealed that majority (83.2%) of respondents had limited awareness about bacterial STIs where only (16.8%) of respondents were able to identify more than one bacterial STI correctly where gonorrhea was the most commonly known by the respondents (47.5%).

This could be due to the highly symptomatic nature of gonorrhea especially among the male gender. The poor knowledge may be associated with the large variety of microorganisms that cause STIs with similar symptoms that may not be quite easy to distinguish. In line with the findings, (Nyasulu P, 2018) in a study conducted in South Africa found that adolescents had limited knowledge about the different causes of STIs.

Study findings found out that majority (63.5%) of respondents were able to recognize all options as symptoms. This good knowledge could be due to knowing someone who was ever diagnosed with an STI. In support of the above findings, (Nigussie, 2020) in his study in Southwest Ethiopia found that more than half of students had good knowledge of the symptoms with male students being twice more knowledgeable than females.

Findings of the study revealed that majority (37.7%) of the respondents considered unprotected sex as the main predisposing factor to transmission of STIs, followed by sexual intercourse outside marriage (26.7%). These findings agree with (Subbarao, 2017) who in their study on college students found out that majority (75%) of students had good knowledge of the behaviors predisposing to STIs transmission. Contrary to the above, (Nawagi, 2016) discovered that a high proportion of adolescents in Kampala, Uganda lacked adequate knowledge about the predisposing factors to, and the systemic outcomes of STDs to an individual`s wellbeing despite being aware of various signs and symptoms.

5.1.2 Attitude of respondents about bacterial sexually transmitted infections.

According to perception about stigmatizing individuals diagnosed with STIs, study findings revealed a variable attitude of the respondents where nearly half (51.5%) of the respondents disagreed with the idea of social isolation of individuals infected with STIs in the community. This is probably due to the deeply rooted tradition of equal treatment of all members in society

regardless of their status. In line with the findings, (Noraziah Mohamad Zin, 2019) revealed that a high percentage (93.3%) of participants opposed the idea of social segregation.

Majority (86.2%) of the study participants concurred with the idea of screening members in the community with suspicion of bacterial STIs. This indicates a positive attitude towards seeking medical care for sexually transmitted infections. It may be associated with having good knowledge of the effects of complications of untreated STIs. This concurs with (El-Tholoth, et al., 2018) whose findings show that 57.1% of respondents agreed to a checkup when infection is suspected. Also, a Ugandan study by Mayanja discovered that a high proportion (47.4%) of youths were willing to be tested and treated in case their partners had been infected with STIs (Mayanja Y M. A.-M., 2016).

Findings of the study revealed that nearly a third (36.6%) of the respondents considered emergency pills as a mode of protection against transmission of bacterial STIs while 26.7% had no idea about association of the pills with STIs transmission. This implies misperceptions about the preventive measures of STIs among adolescents which could be due sensitization against unwanted pregnancies that comes with unprotected sex. Related to the findings, (Ayalnesh Asmawaw, 2018) in their study in Ethiopia revealed that study participants had a higher proportion of appropriate attitude towards emergency pills and STIs.

5.1.3 Practices of respondents about bacterial sexually transmitted infections

Study findings revealed that there were more female respondents (54.2%) than males (45.8%) who were sexually active for a given age group. According to age at initiation of sexual activity, majority (43.0%) reported to start having sexual intercourse between 15 to 17 years of age. Early initiation of sexual activity has been associated with increased risk of STIs. This finding is relatable to that by (Fehintola, 2018) in Nigeria which discovered that the mean age at sexual debut was 16.80 years. This report has shown that about 20% of women in Nigeria in 2013

were sexually active by the age of 16 years. Furthermore, a study conducted among youths in Nairobi by (Wairimu, 2017) reported that age at first sexual intercourse was approximately 15 years.

Study findings revealed Condoms as the main mode of protection against transmission known by the respondents although only 16.8% of the study participants reported to have used them. A variety of reasons was given for the above method which were cost and availability, as well as maximum safety. This finding differs from that of a Nigerian study (Esther O. Oluwole, 2020) which reported condom use as the dominant mode of protection preferred and used by adolescents. Furthermore, a study of youths in Nairobi reported only 11.9% of the study participants used condoms (Akwara PA, 2018).

The study findings further revealed that majority (62.9%) of the sexually active respondents had multiple partners overall. Contrary to the above, (Norbu K, 2017) found out that a major proportion (83.8%) of sexually active respondents had single partners

5.2 Conclusion

The study sought to assess the knowledge, attitude and practices of youths among adolescents in Kasambya village, Wakiso district. From the study findings it was established that the overall level of knowledge of adolescents about bacterial STIs was considerably low and unsatisfactory. The study findings also revealed a variable attitude of adolescents towards bacterial sexually transmitted infections. The practices of adolescents towards prevention of transmission of bacterial sexually transmitted infections were generally poor.

5.3 Recommendations

5.3.1 To the government

The government through ministry of education and sports should allocate funds for the implementation of sexual and health education in schools as a part of the curriculum to increase awareness of adolescents about bacterial STIs.

Through the ministry of health, the government should equip health facilities with materials for boosting provision of adolescent friendly services to youths in the community so as to enhance a positive attitude and health seeking behavior towards bacterial STIs.

The government should regularly enforce mass sensitization of the general public about bacterial STIs, their transmission and effects when left untreated should be routinely carried out in the communities through the mass media.

5.3.2 To the community

Opinion leaders as well as political leaders should engage in the sensitization of individuals in the community about transmission of bacterial STIs in addition to other STIs like HIV.

More research studies about bacterial STIs should be conducted in local communities to boost the information pool about as well as help in making guided decisions about STIs.

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APPENDICES

APPENDIX I: CONSENT FORM

Dear respondents, I am Bamanya Eunia, a student of Indian Institute of Health and Allied Sciences pursuing a Diploma in Clinical Medicine and Community Health. I am conducting a study on knowledge, Attitude and practices towards bacterial sexually transmitted infections among adolescents between 15 to 24years of age in Kasambya village Busukuma subcounty, Wakiso district.

The study is genuinely, solely for academic purposes and information obtained from this study will be treated with strict confidentiality.

I hereby request you to participate in this study by answering any questions to the best of your knowledge. Participation is free will, acceptance is considered by one signing on this form. You are free to ask any questions about the study at any time if you need more clarification.

Respondent's signature…… Date……

RESPONDENT.

Researcher's signature……. Date……

RESEARCHER.

APPENDIX II: RESEARCH QUESTIONNAIRE

A questionnaire on knowledge attitude and practices about bacterial sexually transmitted infections among adolescents in Kasambya village, Busukuma sub county.

Read the questions and tick appropriately in the box corresponding to any answers that suit you.

SECTION A: DEMOGRAPHIC DATA

1. What is your age group?

☐ 15-17

☐ 18-20

☐ 20-24

2. What is your gender?

☐ Female

☐ Male

3. What is your highest level of education?

☐ Tertiary institution

☐ Secondary

☐ Primary

☐ Never went to school

4. What is your religion?

☐ Christian

☐ Moslem

☐ Traditionalist

☐ Pagan

5. What is your marital status?

☐ Single

☐ Married

☐ In a relationship

SECTION B: KNOWLEDGE ABOUT BACTERIAL STIS

6. What was your main source of information about sexually transmitted infections caused by bacteria?

☐ Parents

☐ School

☐ Radio/TV

☐ Family/ colleagues

☐ Internet/ books

7. Identify the sexually transmitted infections caused by bacteria

   ……

   …….

   …….....

8. What symptoms would help you identify an infection with any of the bacterial STIs?

   ……..

   …….

   ……

9. What factor(s) predispose adolescents to acquiring bacterial STIs?

   ……..

   ……..

   …….

SECTION C: ATTITUDE TOWRDS BACTERIAL STIs

10. Individuals with bacterial STIs should be stigmatized/ isolated.

    ☐ Agree

    ☐ Disagree

    ☐ Don't know

11. Do you think screening for bacterial STIs is important?

    ☐ Agree

☐ Disagree

☐ Don’t know

12. A person who doesn’t want to become infected should use emergency pills

☐ Agree

☐ Disagree

☐ Don’t know

SECTION D: PRACTICES ABOUT BACTERIAL STIS

13. Have you ever had sexual intercourse before?

☐ Yes

☐ No

14. How old were you when you first had sexual intercourse?

☐ Less than 15 years

☐ 15-17

☐ 18-20

☐ Above 20 years

15. How do you protect yourself against acquiring bacterial STIs?

☐ Using a condom

☐ Abstinence

☐ One sexual partner

☐ Others (specify)

16. Did you use a condom the last time you had intercourse?

☐ Yes

☐ No

17. How many sexual partners do you have currently?

☐ One

☐ Two

☐ More than two

18. How many sexual partners have you had since initiation of sexual activity?

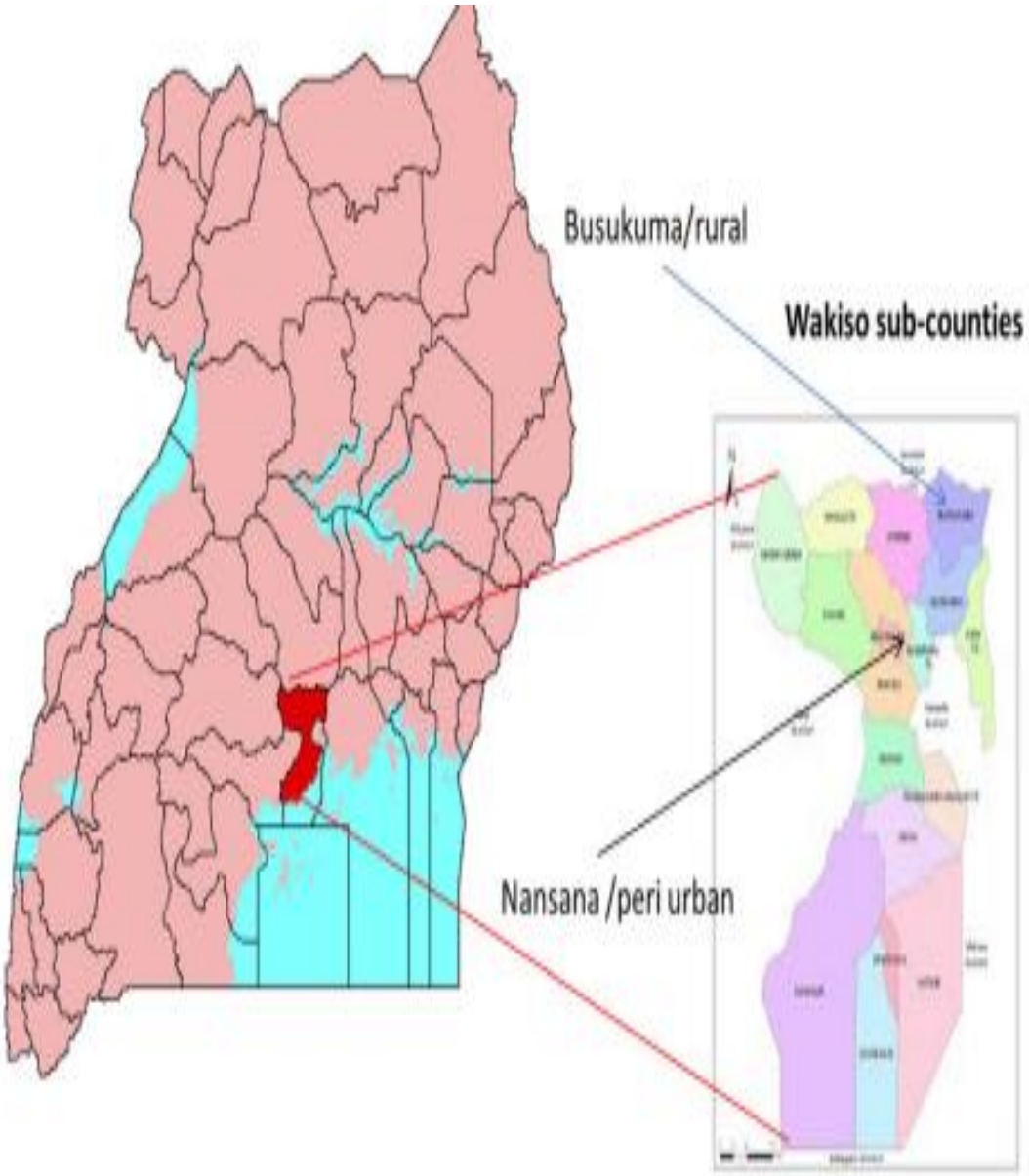
☐ 1

☐ 2

☐ 3

☐ More than 3

APPENDIX IV: MAP OF UGANDA SHOWING WAKISO DISTRICT



APPENDIX V: INTRODUCTORY LETTER

INDIAN INSTITUTE OF HEALTH & ALLIED SCIENCES
Plot No.60, Bombo Road. P.O. Box 21234, Kampala, Uganda.
Tel:- +256 781839379 / 782 972 802 website:- iihas.org email: mio@iihas.org

RESEARCH AND ETHICS COMMITTEE

PERMISSION LETTER

Date: JANUARY 6, 2023

Students Name and NISN: BAMANYA EUNIA

Program: DIPLOMA IN CLINICAL MEDICINE

Approved research Topic: KNOWLEDGE, ATTITUDE & PRACTICES OF YOUTH TOWARDS BACTERIAL SEXUALLY TRANSMITTED INFECTIONS AMONG ADOLESCENTS AGED 15 TO 24 IN KASAMBA VILLAGE WAKISO DISTRICT

TO WHOM IT MAY CONCERN

I hereby confirm that the above mentioned student is registered at Indian institute of health and allied sciences for the programme indicated.

The proposal adhered to ethical principles of research and institution. Permission is hereby granted to carry out the research as described in the approved proposal.

Best Regard

for

Name: MR. BYABAGAMBI JOSEPHAT

(Chairman Research and Ethics Committee)

Tel: 0778857633

Email: byabagambimoses03@gmail.com

LC1 CHAIRPERSON
KASAMBYA CELL
KIKOKO WARD
BUSUKUMA DIVISION
NANSANA MUNICIPALITY
Date: 27/2/2023

NABITTANJA LYDIA
Chairperson
0778493536