

## Original Article

# A Study on the Knowledge and Practice of STD in Adolescent Girls- A Hospital-Based Study

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**ABSTRACT**

**Introduction:** Adolescents account for almost one-fourth (23%) of the Bangladeshi population. The government has designated adolescent health as a priority concern in the Health, Nutrition, and Population Sector Program (HNPS), yet access to reproductive health information and services is extremely restricted. The current study focused on 98 teenagers' health-seeking behaviors and reproductive knowledge, with a particular emphasis on their knowledge of and practice against sexually transmitted diseases.

**Aim of the study:** The aim of the study was to understand the knowledge and practice of sexually transmitted diseases (STDs) among adolescent girls who visited the study hospital. **Methods:** This cross-sectional descriptive study was conducted at the Department of Obstetrics Gynecology, Institute of Child and Mother Health, Matuail, Bangladesh. The study duration was 6 months, from July 2007 to December 2007. **Result:** The study was conducted with a total of 98 adolescent females, where the mean age was 15.95 years, and the majority (68.4%) were unmarried. Lower abdominal pain was the most common problem, followed by menstrual problems. Knowledge regarding health clinics came mostly from family or relatives. The basic knowledge of STDs was high among adolescent females, but the practice rate was extremely low. The majority of the participants had received knowledge regarding STDs primarily from friends and newspapers. **Conclusion:** The study observed that even among married participants, proper practice against STDs is very small. Although many adolescents know about STDs, the knowledge is not available to the whole adolescent population as it should be. Sexual relations and related topics are not properly discussed among family members, leading to a majority of participants learning of such factors from

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outside sources.

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## INTRODUCTION

Adolescents are a special group of the population who overlap with school-children and youth and it is a period of transition. Adolescence has been defined by the World Health Organisation (WHO) as the period of life spanning the age between 10 and 19 years. It is a period of sexual maturity that transforms a child into a biologically mature adult capable of sexual reproduction and the potential consequence of that sexual activity. Adolescence begins with fast physical growth, followed by the progressive development of reproductive organs, secondary sex traits, and, in females, menarche. In recent days adolescents are increasingly becoming sexually active, mostly unprotected, and naturally remain at the risk of contracting sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS).<sup>[1]</sup> The major sources of information regarding STDs and reproductive health include their friends, parents, family members, health workers, and teachers at school. Both rural and urban girls came to know about these diseases mostly from them. Of them, friends were the prime sources of information regarding all the issues related to HIV/AIDS, STD/STIs, and safe sex.<sup>[2]</sup> Adolescent females who live in rural regions, are below the poverty line, and come from underprivileged backgrounds lack knowledge of contraceptive methods. Teenage females, however, are unaware of how STD symptoms could impact their desire for medical care.<sup>[3]</sup> Teenage pregnancy is one of the problems that the globe faces,

and it is more common in areas where there is unemployment, poverty, and a lack of access to education. Around ten million teenage females get pregnant unintentionally each year in developing nations. Adolescent females' health suffers as a result of teen pregnancies. They are predisposed to pregnancy-related complications such as eclampsia, puerperal endometritis, and systemic infections.<sup>[4]</sup> It is alarming that a large number of first sexual exposure among adolescents is reported to be unsafe and casual thus having a high risk of catching STDs and also may result in undesirable pregnancy<sup>[5]</sup>. According to the program of 'Action of the International conference on population and development (ICPD) and as adopted by Bangladesh, reproductive health has been defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its functions and processes". To be in good reproductive health, a person must be able to have a fulfilling and safe sexual experience, be able to reproduce, and have the flexibility to choose when and how frequently to do so. The rights of men and women to be informed and to have access to the family planning techniques of their choice that are safe, effective, inexpensive, and acceptable are implicit in the last stipulation. Teenagers frequently lack knowledge of fundamental reproductive health issues, the ability to negotiate sexual relationships, and access to cost-effective, private reproductive health treatments. Concerns about privacy or the ability to pay, and real or perceived disapproval by service providers, further

limit access to services where they exist. Many teenagers don't have solid, long-lasting ties with their parents or other adults with whom they may discuss their worries about their reproductive health.

### OBJECTIVE

- To observe the knowledge and practice regarding STDs among adolescent females

### METHODS

This cross-sectional descriptive study was conducted at the Department of Obstetrics Gynecology, Institute of Child and Mother Health, Matuail, Bangladesh. The study duration was 6 months, from July 2007 to December 2007. A total of 98 adolescent females were selected for this study from all the adolescent girls visiting the study hospital. Informed written consent was obtained from either the girls or their legal guardians regarding their participation in the study. Ethical approval was obtained from the ethical review committee of the study hospital. All the data was collected through face-to-face interviews with the adolescent girls attending the Adolescent's clinic in ICMH, OPD by using a semi-structured questionnaire developed in English. The collected data were then analyzed using the SPSS software.

### Inclusion Criteria

- Adolescents attending the study hospital
- Patients who had given consent to participate in the study.
- Adolescent women facing any form of reproductive problems
- Did not receive any previous medical treatment for their reproductive health problems.

### Exclusion Criteria

- Unable to answer the criteria question.
- Exclude those affected with other chronic diseases like heart disease, tuberculosis, etc.

### RESULTS

**Table 1:** Distribution of participants by social Characteristics of the participants (n=98)

Characteristics	Frequency	Percentage
<b>Age group</b>		
< 14 years	20	20.4
14-16 years	33	33.7
>16 years	45	45.9
Mean ± SD	15.95± 1.824	
<b>Marital Status</b>		
Married	31	31.6
Unmarried	67	68.4
<b>Information about the clinic</b>		
From a relative	72	73.5
From a leaflet	18	18.4
From a health camp	8	8.2

Among the participant's majority (45.9%) was of more than 16 years of age, 33.7% was in between 14 to 16 years of age and the rest 20.4% was of less than 14 years of age, Mean ±SD is 15.95±1.824. 31.6% were married and 68.4% were unmarried, 73.5% got the information about the clinic from relatives and 18.4% got to know about the clinic from a leaflet and 8.2% got the information from a health camp.

**Table 2:** Distribution of participants by cause of seeking help at the clinic (n=98)

Cause	Frequency	Percentage
Lower abdominal pain	36	36.7
Menstrual problem	30	30.6
Vaginal discharge	20	20.4
Lower abdominal pain & Menstrual problem	8	8.3
Lower abdominal pain & Vaginal discharge	2	2
Menstrual problem & Vaginal discharge, Others	2	2

Of all the participants 36.7% had only lower abdominal pain, 30.6% had only menstrual problem, 20.4% had complaints of only vaginal discharge, 8.3% had both lower abdominal pain and menstrual problem, 2% complained of both lower abdominal pain and vaginal discharge and the rest 2% had a menstrual problem, vaginal discharge, and other problems as well.

**Table 3:** Distribution of the participants by knowledge regarding STD/HIV-AIDS (n=98)

Knowledge	Frequency	Percentage
Yes	90	91.8
No	8	8.2

Among the participants, 91.8% had knowledge about STD/HIV-AIDS.

**Table 4:** Source of knowledge regarding STD/HIV-AIDS (n=90)

Source	Frequency	Percentage
Newspaper	28	31.1
Friends, Relative	5	5.6
Friends, Newspaper	38	42.2
Newspaper, Leaflet	5	5.6
Friends, Relative, Newspaper	14	15.6

Of all the participants 42.2% had knowledge regarding STD/HIV-AIDS both from friends and newspapers, 31.1% got it from newspapers only, 15.6% got from friends, relatives, and newspaper. 5.6% got it from both friends and relatives and 5.6% came to know about it from both newspaper and leaflet.

**Table 5:** Distribution of the participants by the practice of protection regarding STD/HIV-AIDS (n=98)

Practice of protection	Frequency	Percentage
Yes	4	4.1
No	94	95.9

Majority of the participants that s 95.9% had the practice of protection regarding STD/HIV-AIDS.

## DISCUSSION

The primary goal of this study was to analyze teenage girls' health-seeking behavior related to reproductive health concerns, with a particular emphasis on their understanding of sexually transmitted diseases, and their practice of protection against it. As a consequence, information regarding their motivation for attending the clinic as well as their source of information about the clinic was collected. The average age of the participants in this study was 15.95 years, with the majority of them being over the age of 16. Given that this study only included adolescent females, this age dispersion is reasonable. Similar studies on reproductive health awareness targeted adults between the ages of 15 and 19, therefore there was a substantial proportion of participants above the age of 16.<sup>[6],[7]</sup> Over 68.4 percent of the participants in the research were unmarried. This was also appropriate considering Bangladesh's significant drop in child marriage throughout the years. The majority of participants (73.5%) discovered about the health clinic via their relatives, which is frequent because the survey was done with young women, who are more prone to share their physical changes and difficulties with their family members before anyone else. 12 of the 98 participants had visited the clinic for several issues, but the majority (36.7 percent) had done so due to excruciating lower abdominal pain. Similar to this, 30.6% of women experienced menstrual problems, while the remaining 20.4% experienced vaginal discharge. The majority of adolescent girls only visit the hospital when they experience abnormal vaginal discharge or menstrual

problems, which is a departure from the general conclusions of comparable research.<sup>[8]</sup> Among the participants, the majority had knowledge regarding STDs, while 8.2% did not. Among the 90 participants who had knowledge of STDs, the source of knowledge was friends and newspapers for the majority of the cases. This was different compared to their source of knowledge regarding the hospital. This discrepancy, however, is understandable, as a conversation regarding sex and sex-related topics are often considered taboo in many households in our country. While menstrual problems and physical changes can be discussed with family members, the topic of STDs includes the topic of sexual relations, which is not easily discussed in many families openly, either by adolescent girls or by family elders. Among the total 98 participants, the practice of protection against STDs was very low, at 4.1% only. This extremely low practice could be a result of the majority of study participants being unmarried and not having sexual relations with anyone. But despite that, this extremely low practice of protection against STDs is a serious cause of concern. Different findings were observed in some other studies where participants had started having sexual relations at an early age.<sup>[9],[10]</sup>

### *Limitations of The Study*

The study was conducted in a single hospital with a small sample size. So, the results may not represent the whole community.

## CONCLUSION

The study observed that even among married participants, proper practice against STDs is very small. Although many adolescents know about STDs, the knowledge is not available to the whole

adolescent population as it should be. Sexual relations and related topics are not properly discussed among family members, leading to a majority of participants learning of such factors from outside sources.

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**Conflict of interest:** None declared

**Ethical approval:** The study was approved by the Institutional Ethics Committee

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