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Knowledge and attitude towards sexually transmitted infections among female students living in hostels in a university community of the south-south region of Nigeria

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Abstract: *Introduction:* A cross sectional study was conducted in the female students' hostel of the University of Calabar to determine their knowledge and attitude towards sexually transmitted infections (STI).

Methodology: A structured questionnaire was administered to those who consented to the study. Information obtained were age, year of study, knowledge of sexually transmitted infections.

Results: Most subjects were in the age category of 21-25years (56.2%) and predominantly of the

Igbo tribe 34%. Over 90% of the subjects had heard of STIs. Vaginal itching (70.2%) and discharge (65.7%) were the commonest symptoms reported. Despite the level of knowledge, some students still patronize Chemist 4.8% and self-injection administration 4.8%. *Conclusion:* The awareness of STI is high but the understanding of symptomatology is poor.

Key words: Sexually transmitted infections, Female hostel, Tertiary Institution.

Introduction

Sexually transmitted infections (STIs) constitute a huge health and economic burden for low income countries^{1,2}. World Health Organization (WHO) estimates that approximately 340 million new cases of the four main curable STIs (gonorrhea, chlamydia infection, syphilis and trichomoniasis) occur every year, 75-85% of them occurring in developing countries^{3,4}. One in three sexually active females would have had an STI at least once by the age of 24years⁵. Serious long term complications of STI in women have been well-documented³⁻⁵. There are misconceptions regarding STIs and therefore grossly underreported⁶. The considerable social consequences attached to STI including stigmatization, domestic abuse, abandonment as well as less likely to receive appropriate and timely care³.

In low-income countries, STI often go undiagnosed and untreated due to lack of knowledge. There is little emphasis on education and other efforts to prevent STI from occurring and therefore one of the reasons why STI control programs often fail in low-income countries¹.

Understanding people's knowledge regarding STI could provide an important basis for the development of interventions to promote early healthcare-seeking behavior and protective practice for STI, as well as avoid its complications.

Methodology

A cross-sectional study using a self-administered questionnaire was carried out in February 2012 among females university students resident in the hostels. The questionnaire was a structured one seeking age, religion, year of study, knowledge of STI, health seeking attitudes. Every student in the female hostel was eligible to fill the questionnaire. The purpose of the study was explained. Those who were willing to fill the questionnaire were assembled in the students' reading room where they were administered. The questionnaires were distributed to intending participants in the hostel. Care was taken to avoid influence from their peers. However, only four hundred and twenty questionnaires were completed accurately. The information obtained was both on knowledge and personal experiences of STIs. Data collected was analysed using descriptive statistics and SPSS (v.18.0).

Results

Most of the study population fell within the age range of 21 to 25 years (56.2%), Fig 1. Almost all the subjects have heard of sexually transmitted infections (98.1%), figure2. Christians dominated the study population (98.8%) with of the Igbo tribe seen (34.0%), Table 1. Vaginal itching was the frequently perceived symptom

(70.2%) followed by vaginal discharge (65.7%), Table 2. Bleeding and headache were least perceived. The source of STI information was mostly from media (55.7%), Table 3. Some female students (4.8%) still patronize chemist for treatment of STI, Table 4.

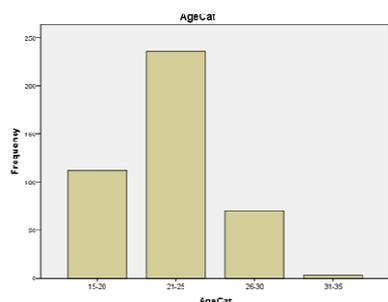


Fig 1: Frequency distribution of age categories

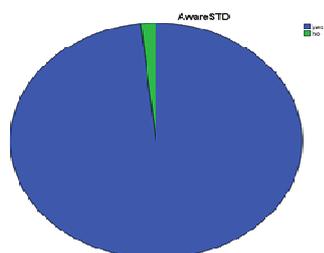


Fig 2: STI awareness rate.

Table 1: Frequency distribution of socio-demographic characteristics

Variables	Percentages (%)
<i>Age</i>	
15-20	26.7
21-25	56.2
26-30	10.4
31-35	0.7
<i>Religion</i>	
Christian	98.8
Muslim	0.7
Others	0.5
<i>Tribe</i>	
Igbo	34.0
Ibibio	26.9
Efik	16.9
Others	22.1
<i>Level of education</i>	
100	20.0
200	29.5
300	27.1
400	15.8
500	8.1

Table 2: Knowledge of symptoms of STI

Symptoms	Presence of symptoms	
	Yes	No
Fever	60(14.3)	359(85.5)
Headache	32(7.2)	387(92.1)
Abdominal pain	113(26.9)	308(72.9)
Vaginal itching	295(70.2)	122(29.0)
Vaginal discharge	276(65.7)	142(33.8)
Body weakness	65(15.5)	353(84.0)
Bleeding	32(7.6)	387(92.1)

Table 3: Source of information

Source	Student	
	Yes	No
Friend	151(36.0)	268(63.8)
Media	234(55.7)	185(44.0)
Lecture	200(47.6)	218(51.9)

Table 4: Treatment seeking behavior

Treatment	Student	
	Yes	No
Enema	3(7)	416(99.0)
Sitzbath	39(9.3)	379(90.2)
Chemist	20(4.8)	399(95.0)
Injections	20(4.8)	399(95.5)
Doctor	396(94.3)	23(5.5)

Discussion

In this study we sought to establish the level of knowledge and attitude of STIs among female students resident in female hostel in the University of Calabar. Of the 420 students interviewed 98% had knowledge of STIs. This study shows that higher level of education is an advantage on knowledge of STIs. A similar trend has been reported in other studies^{7,8}. Surprisingly, other authors⁹⁻¹¹ found low knowledge of STIs among females studied. This difference may be attributed to religious and cultural beliefs were issues about sex education and worse still sexually transmitted infections are kept in secrets and hardly talked about in public. The study population was predominantly Christians (98.8%) for the simple reason that this region is made of mostly Christians which may further explain why such a high level of awareness because this religion encourages health education without limitations.

The source of STI knowledge was mostly from media (55.7%). This may be due to the sensitive nature of the issue, social stigma attached to it and feelings of shame among students when talking about STIs.

Knowledge of the range of symptomatology of STI was limited. Majority of the respondents knew of vaginal itching (70.2%) and vaginal discharge (65.7%). Other modes of presentation (fever, abdominal pain, bleeding, headache and body weakness) was limited. Most STIs may be symptomless coupled with the early onset of sexual activities in adolescents which could make these STIs go unnoticed with their consequent sequelae^{5,9,12-14}. Higher level of education and older age have been reported to be associated with good health seeking attitudes as reported by Vois in et al¹⁰. We found a similar trend in this study were over (94.3%) admitted going to see a medical Doctor.

Conclusion

The knowledge of STIs among the females in the university community was high. However, knowledge of

the various ways of presentation of STIs was limited. More emphasis needs to be focused on the various mode of presentation in order to avoid some STIs from going unnoticed.

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Conflict of interest: None

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