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AN UPDATE ON SEXUALLY TRANSMITTED INFECTIONS: YOUTHS PERSPECTIVES

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Abstract

Sexually Transmitted Infections (STIs) remain a serious reproductive health problem globally. In Africa, the rate of infection of STIs among youth remains high and research shows that there is 45% rise in STI cases among youth aged 15 – 25 years. Similarly, although testing and treatment services for sexually transmitted diseases are provided at most health centers, the rate of STI infection among youth remains high. This was influenced by various factors including inadequate knowledge about the effective use of preventive measures such as condoms, gender roles, risky sexual practices such sexual networking, having multiple partners as well as misperceptions about condom use among others.

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Introduction:-

Sexually Transmitted Infections (STIs) remain a serious reproductive health problem globally [1-6]. STIs, also referred to as Sexually Transmitted Diseases (STDs) or venereal diseases are infections that are commonly spread through vaginal intercourse, anal sex and oral sex [7].

According to Barker et al.[8] STIs include HIV, Gonorrhoea, syphilis and HPV among others.

Globally, in developed countries such as Sweden, Germany, France and Britain, the rate of STIs, especially Chlamydia and Gonorrhoea continues to rise and in the last decade has gone up by 38%. For instance, all these countries are in the top 5 European countries with the biggest number of STI infections among 16 – 24 year olds and more than 20,000 new cases of the STI were diagnosed in this age group in 2011 [9]. The knowledge of youths about the prevention of STIs is poor yet they have risky sexual practices such as poor use of protective measures and having multiple sexual partners among others.

In Africa, although countries such as Botswana and Ghana have made significant progress in providing testing and treatment of most sexually transmitted diseases, the rate of infection of STIs among youth remains high and research shows that there is 45% rise in STI cases among youth aged 15 – 25 years [10]. Furthermore, despite this progress, there is still limited utilization of the screening services and the infection rate was attributed to many factors such as risky sexual practices such as involvement with multiple sexual partners, sexual networking as well as cultural practices such as wife inheritance [11].

Similarly, in East African countries such as Kenya and Tanzania, although testing and treatment services for sexually transmitted diseases are provided at most health centers, the rate of STI infection among youth remains high, estimated at 32% [12]. This was influenced by various factors including inadequate knowledge about the effective use of preventive measures such as condoms, gender roles, risky sexual practices such sexual networking, having multiple partners as well as misperceptions about condom use among others [13].

Knowledge of youth aged 19 – 24 towards prevention of STIs

In a study about the preventive and curative care for youth and the role of the health sector that the majority of respondents stated that they did not have adequate knowledge and awareness about the STIs and how they could be adequately prevented. Furthermore, most respondents were not aware of the youth friendly sexual and reproductive services provided at the clinics in the study area [14].

Mwakagile et al. [15] documented in a study about sexual behavior among youths at high risk for HIV-1 infection in Dar es Salaam, Tanzania that the majority of respondents did not possess sufficient knowledge about STIs and how they could be prevented. Furthermore, the majority of respondents had little knowledge about how to effectively prevent STIs through effective and consistent use of condoms.

Similarly, Agyei et al.[16] reported in their study about contraception and prevalence of sexually transmitted diseases among adolescents and young adults in Uganda that most of the respondents did not have knowledge or awareness about STIs, how they were spread as well as what could be done to ensure the prevention of STIs.

Another study by Bryce et al.[17] about the quality of sexually transmitted disease services in Jamaica revealed that the majority of respondents did not have sufficient knowledge about STIs and how they could be prevented. Furthermore, respondents were not aware of the youth friendly sexual and reproductive health services provided at the hospitals and clinics in their area. It was noted that a comprehensive sexuality education in schools can improve youth knowledge of their reproductive health options, including contraception and how to use it effectively to avoid unwanted pregnancies and STDs.

In a survey carried out in Tanzania, on confidentiality in health care where knowledge, perceptions and attitudes among high school students were assessed, findings showed that the majority of respondents did not have sufficient knowledge and awareness about how to effectively prevent STIs. This was noted by the researchers as a major factor which continuously influenced the prevalence of STIs among the youth [18].

Similarly, Nyanzi et al.[19] reported that Ugandan youth are also affected by many social problems that negatively influence them in preventing STIs. These factors include poverty, drug and alcohol abuse, and drop out of education and harassment of female youth and to make matters worse. Furthermore, respondents had little knowledge on the risk of unprotected sexual acts and thus STIs and HIV/AIDS are the more obvious and unavoidable consequences.

Attitude of youth aged 19 – 24 towards prevention of STIs

Mwakagile et al.[15] mentioned in their study about sexual behavior among youths at high risk for HIV infection in Dar es Salaam, Tanzania that the majority of youth aged 19 – 24 years had positive attitude towards the prevention of STIs as they believed that the infections could lessen their quality of life.

Olowosegun et al. [20] documented in their study about awareness of HIV/AIDS pandemic in selected fishing communities in North Central Nigeria that youth had positive attitudes towards the prevention of STIs by avoiding risky sexual practices such as having unsafe sex. However, there is need for behavior change among youth and avoid alcoholism and substance abuse which increase the risk of unsafe sex practices such as poor or no condom use during sex.

Another study by Ferrando et al. [21] in Brazil reported that youth had positive attitudes towards the prevention of STIs. However, it was revealed that in order to reduce and prevent STIs among the youth, there is need to ensure that sexually active youth remain faithful to their sexual partners, avoid casual sex relationships and consistently and correctly use protection such as condoms while those who can should abstain from sex altogether.

However, Moenieba and Hara [22] documented in their study about the impact of HIV/AIDS in selected fishing communities in South Africa that most youth interviewed had negative attitudes towards the prevention of STIs.

This was noted as a challenge as some youth did not take STIs to be serious health challenges with consequences; hence they did not take preventive measures seriously.

Similar findings are presented by Pickering et al.[23] who's study about sexual network in Uganda mixing patterns between a trading town, its rural hinterland and nearby fishing villages that the majority of respondents had negative attitudes towards the prevention of STIs.

In a study by Rangsimalekhaet al. [24] it revealed that girls had more appropriate attitudes toward safe sex and risk behaviors than boys. Although only 5% of the youth reported that they had engaged in sexual intercourse, about a third reported sexual risk behaviors.

Practices of youth aged 19 – 24 towards prevention of STIs

Gorgen et al.[25] in a study about the problems related to schoolgirl pregnancies in Burkina Faso, results show that the majority of respondents had poor practices towards the prevention of STIs. Results showed that youth aged 19 – 24 years include poor use of protection with casual partners/sex workers among male youth which places them at risk of STIs.

Herz et al.[13] in their study about family planning for teens and strategies for improving outreach and service delivery in public health settings showed that youth had poor practices towards the prevention of STIs and hence remained highly predisposed to the risk of STIs. Among these practices included cross generational sexual practices which exposed youth to live sex and consequences such as STIs.

Koontz and Conly [26] in their study about youth at risk and meeting the sexual health needs of youth showed that youth had poor practices towards the prevention of STIs. It was noted that practices such as over reliance on sexual partners for upkeep all exposed youth to the risk of STIs. It was further reported that unemployment and poverty contributed to reliance on sexual partners which further led to increased risk of STIs.

According to Sadiq et al. [27] significant effect in the positive direction for risk at last sex (including condom use with partner at last sex) among virgins at baseline. However, non-significant effect was found for all participants (virgins and non-virgins at baseline). Similarly, non-significant effect was found for condom less sex refusal outcome for all participants including virgins at baseline. Similarly, no difference observed in proportion of participants that reported sexual intercourse in consistent condom use at wave 4 and wave 5 of the study.

Conclusion:-

Similarly, although testing and treatment services for sexually transmitted diseases are provided at most health centers, the rate of STI infection among youth remains high.

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