



**KNOWLEDGE AND PRACTICE ABOUT SEXUALLY TRANSMITTED DISEASES
AMONG CHILDBEARING WOMEN AT EL-FAYOUM CITY**

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ABSTRACT

Sexually Transmitted Diseases (STDs) still stand as one of the commonest health problems affecting women of reproductive age. The aim of this study was to assess the knowledge and practice about sexually transmitted diseases among childbearing women at El-Fayoum City. A descriptive study was used. A purposive sample composed of 100 women married and in childbearing age from the obstetric outpatient clinic at El-Fayoum University Hospital. Three tools were used (1) Structured Interviewing Questionnaire, (2) Knowledge assessment tool and (3) Practice assessment tool. Findings of the presenting study revealed that nearly one half of the studied women had low level of knowledge about STDs and nearly two thirds of them had unsatisfactory practice regarding STDs. According to the findings of the present study, one half of the studied women had low level of knowledge about STDs. Furthermore, nearly two thirds of them had unsatisfactory practice regarding STDs.

Keywords: childbearing women; knowledge; practice; sexually transmitted diseases

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INTRODUCTION

Sexually transmitted diseases (STDs), or sexually transmitted infections (STIs), are infections that are passed from one person to another through sexual contact. The contact is usually vaginal, oral, and anal sex. But sometimes they can spread through other intimate physical contact. This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact (Nigussie & Yosef, 2020). The prevalence of sexually transmitted infections (STIs) and their related health disabilities, such as infertility or cervical cancer, among the younger generation have been increasing dramatically, and has become one of the urgent health issues across the world. According to WHO, more than 1 million new curable sexually transmitted infections are acquired every day among people aged 15-49 years making up a total of about 499 million new cases of curable infections each year (WHO, 2019). Numerous sexually transmitted diseases can be asymptomatic at an early stage therefore, can be easily transmitted on ignorant during un-protective sexual intercourse. Hazards of developing these infectious diseases are greater for females than males, especially when being ignored or untreated. They can result in poor fertility or even if pregnancy occurs, they can adversely affect pregnancy outcomes (Ahmed & Fadel, 2020).

In the developing countries, both the prevalence and incidence of STDs are high, making up the second highest cause of healthy life lost in women aged 14 to 45 years, after maternal morbidity and mortality. Moreover, STDs constitute a substantial health and economic

burden, especially for developing countries already strained with other emerging health problems. STIs prevalence in Egypt is up to 3.0% among 15-49 years married females and the commonest diagnosed STIs were candidiasis (38.0%) and scabies (21.0%) (El-Moselhy et al, 2020). Unfortunately, recurrent infection with sexual transmitted diseases may impact negatively on childbearing woman's social, personal and work relationships and significantly affecting their quality of life (Abdelnaem, Mohasib & Mohamed, 2019). In developing countries, STIs control programs often fail to achieve their goal due to the conservative nature of the societies shaped by the cultural, religious, and social taboos which leave women too shy to express their reproductive health needs or seek health services. In addition, STIs are often left undiagnosed and untreated due to lack of knowledge on one hand and the deficiency of health care facilities providing appropriate and timely care on the other (Amin, Galal, Shaheen, & Salem, 2021). Finally, knowledge about STIs is very significant for preventing the adverse outcomes of young adult reproductive health. Therefore, this study aimed to assess the knowledge and practice about sexually transmitted diseases among childbearing women at El-Fayoum City. This study aims to assess the knowledge and practice about sexually transmitted diseases among childbearing women at El-Fayoum City.

METHOD

1-Technical Design:

A descriptive study design was used in this study. The study was conducted at the obstetrics and gynecological outpatient clinic at El-Fayoum University Hospital. A purposive sample for total of 100 women was determined according to the following sample size equation:

$$n = \frac{P(1-p) \times z^2}{D^2}$$

Inclusion criteria: married women and women at reproductive age (14- 49) years. Exclusion criteria: single females and menopausal women. Three tools were used for data collection:

Tool I: Interviewing Questionnaire sheet: It was designed by the researcher based on reviewing related literatures and consisted of 23 questions. It was divided into 4 parts: Part (1): Socio-demographic characteristics' of women. Part (2): women's obstetrical history Part (3): women's medical history Part (4): History of sexually transmitted diseases.

Tool II: Knowledge assessment tool: This tool is adapted from (Mahmoud, 2016) and modified by the researcher to assess women's knowledge about STDs, it included definition of STDs, causes, types, signs and symptoms, mode of transmission, health hazards of STDs for women in general, during pregnancy and after childbirth, health hazards of STDs for the newborn and prevention of STDs. It composed of 10 questions (total optimal score was 30 points). The answer for this part ranged from: 1- A complete correct answer (3). 2- An incomplete correct answer (2). 3- Wrong answer or don't know (1). The total scores for the women's knowledge regarding STDs divided into three levels: Poor knowledge < 50%; Fair knowledge 50 – < 75%; Good knowledge ≥ 75%.

Tool III: Practice assessment tool: This tool is adapted from (Fathy, Ahmed, Abd-Elsalam & Refaat, 2018) and modified by the researcher to assess women's practice, it includes (actions towards STDs for women and husband, perineal self-care practices, menstrual hygienic practices and good nutrition). It composed of 27 items (total optimal score was 54 points). The practice has been scored as done = 2 and not done = 1. The total scores for the women's practice regarding prevention of STDs classified into two levels: Unsatisfactory practice <60%; Satisfactory practice ≥ 60%.

Validity and reliability: Revision of the tools was done by a panel of expertise composed of 5 professors of Obstetrics and Gynecological Nursing to measure the content validity of the tools and the necessary modifications was done accordingly and test-retest reliability was applied by the researcher for testing the internal consistency of the tool. The research approval was obtained from Scientific Ethical Committee in the Faculty of Nursing at Helwan University before starting the study. The researcher clarified the objective of the study to the women included in the study to gain their confidence and trust. The researcher obtained oral consent from childbearing women. The researcher assured maintaining anonymity and confidentiality of subjects' data. The women were informed that they are allowed to choose to participate or not in the study and that they have the right to withdraw from the study at any time.

2-Operational Design:

Preparatory phase:

Includes reviewing of related literature and theoretical knowledge of various aspects of the study using books, articles, scientific journal and internet with the aim of acquiring in-depth knowledge about the study.

Pilot study:

It was carried out on 10% (10 of childbearing women under the study) to test the applicability, clarity and the efficiency of the tools. Women in the pilot study were excluded from the study sample later. There were no major modifications found after the pilot study. The pilot showed very high levels of reliability.

Field work:

•The process of data collection was carried out in the period from October 2020 up to March 2021.

- 1) After attaining the approval to conduct the study, sample was collected during the period of working of the obstetric outpatient clinic 3 days weekly from 9a.m to 2p.m.
- 2) At the beginning, the researcher introduced herself and explain the purpose of study to women to gain their confidence and trust to convince them to participate in the study, then the approval was obtained from them orally.
- 3) Then the researcher started the assessment process by filling the structured interviewing questionnaire sheet from each woman in the study individually.
- 4) The women were interviewed in the reception of the obstetric outpatient clinic .
- 5) The tool took about 15- 20 minutes to be filled by the researcher from each woman individually.

3-Administrative Design:

An official letter from the Dean of the Faculty of Nursing, Helwan University was directed to the administrators of El- Fayoum University Hospital to obtain an official approval to carry out the study after explanation of the aim of the study. The permission was obtained before the initiation of the data collection.

4-Statistical design:

The data was collected, coded and entered to a personal computer. It was analyzed with the program statistical package for social science (SPSS) version 20. The collected data were organized, revised, analyzed and presented in numbers and percentage in tables, figures and

diagram. Proper and suitable statistical tests were used to test the significance of results obtained. The statistically Chi-square test for qualitative variables was used.

RESULTS

Table 1. illustrates that the mean age of the studied women is (28.12±6.13) and more than three quarters (80%) of them were from rural areas and the majority of them (87%) were housewife. Regarding women's education, slightly more than one quarter of them (27%) were read and write while approximately half of them (42%) had secondary education (diploma) and the minority of them (12%) had university education.

Figure 1. illustrates that more than one half of the studied women (55%) followed by less than one half (45%,40% and 29%) reported that the television, family, the internet then the doctor are the main sources of their information about sexually transmitted diseases respectively.

Table 2. reveals that only less than one quarter of the studied women (17%, 21%, 19%, 24% and 14%) identified the definition, causes, types, symptoms and the modes of transmission, health hazards and prevention of STDs respectively.

Figure 2. shows that nearly one half of the studied women (45%) had poor knowledge about STDs while only less than one quarter (20%) of them had good knowledge regarding STDs.

Table 3. illustrates that only less than one half of the studied women clean the perineal area from front to back, wear cotton underwear and keep this area dry. In addition, only less than one half of the studied women change the sanitary pad every 4 hours and washing the vagina after changing the sanitary pad.

Figure 3. shows that nearly two thirds of the studied women (64%) had unsatisfactory practices regarding STDs while slightly more than one third of them (36%) had satisfactory practices regarding STDs.

Table 1.
 Distribution of the Study Group According to Their Socio Demographic Characteristics
 (n=100)

Items	f	%
Age :		
<25	30	30
25- <30	34	34
30- <35	19	19
35 or more	17	17
Mean±SD	28.12±6.13	
Residence:		
Rural	80	80
Urban	20	20
Job:		
Employee	13	13
Housewife	87	87
Education:		
Doesn't read or write	19	19
Read and write	27	27
Secondary education	42	42
University education	12	12

Figure 1.
 Distribution of the Study Group According to Their Source of Information about Sexually Transmitted Diseases (n=100).

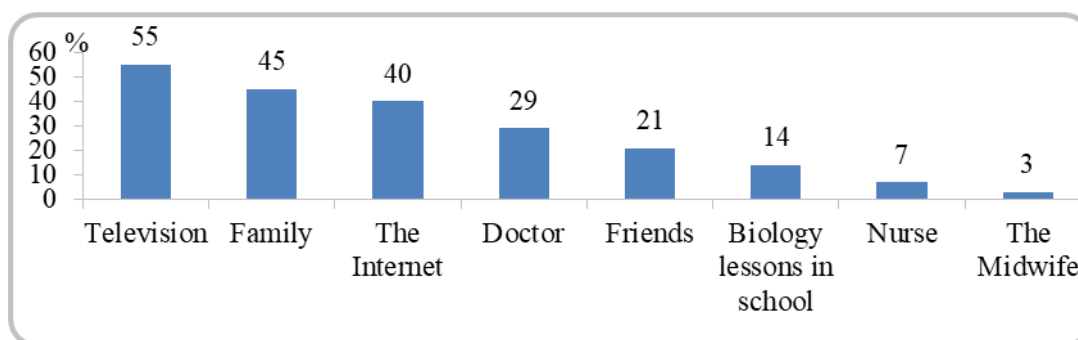


Table 2.
 Distribution of the Study Group According to Their Knowledge about Sexually Transmitted Diseases (n=100)

Items of knowledge	Correct & complete		Correct & incomplete		Incorrect	
	f	&	f	%	f	%
1- Definition of sexually transmitted diseases (STDs).	17	17	51	51	32	32
2- Causes of STDs.	21	21	52	52	27	27
3- Which of these diseases is a STD.	19	19	45	45	36	36
4- Symptoms of STDs.	24	24	37	37	39	39
5- Modes of transmission of STDs.	14	14	44	44	42	42
6- Health hazards of STDs for women in general.	26	26	34	34	40	40
7- Health hazards of STDs for women during pregnancy.	21	21	43	43	36	36
8- Health hazards of STDs for women after childbirth.	25	25	46	46	29	29
9- Health hazards of STDs for the newborn.	16	16	55	55	29	29
10- Ways for prevention from STDs.	18	18	45	45	37	37

Figure 2.
 Total Score of the Studied Women's Knowledge Regarding Sexually Transmitted Diseases (n=100).

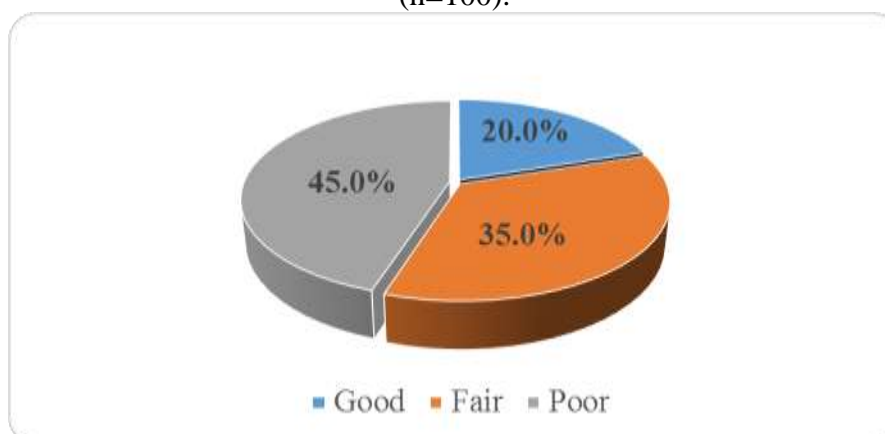
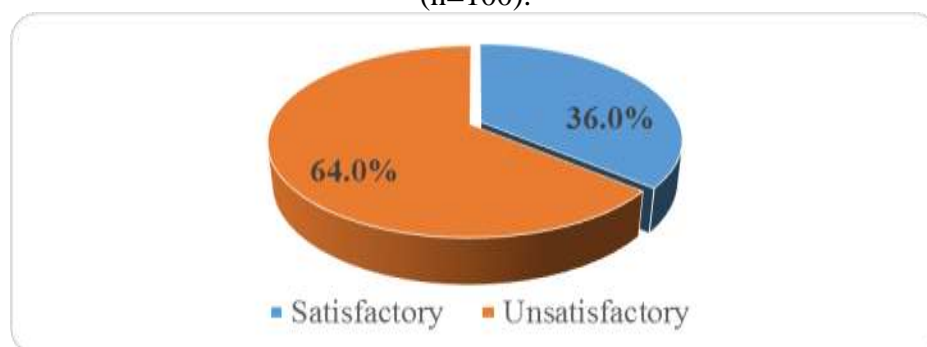


Table 3.
Distribution of the Study Group According to Their Practices Regarding Sexually Transmitted Diseases (n=100).

Items of practice	Done		Not done	
	f	%	f	%
Actions taken by women in case of having STDs.				
1- I tell my husband that I am infected so that the infection is not transmitted to him.	27	27	73	73
2- Avoid having sex during this period.	42	42	58	58
3- Use the female condom frequently or ask my husband to use a male condom.	35	35	65	65
4- I go to the doctor for medical advice and treatment.	29	29	71	71
5- I ask my husband to take the treatment also to avoid cross-infection.	31	31	69	69
6- Go for getting the free hepatitis B vaccination.	42	42	58	58
7- Go for a routine check-up to discover these diseases.	37	37	63	63
Maintain constant self perineal hygiene by				
1- Washing the perineal area from front to back.	34	34	66	66
2- Wear cotton underwear.	45	45	55	55
3- Keep this area well-dry continuously.	35	35	65	65
4- Avoid vaginal douching frequently.	32	32	68	68
5- Washing hands before using the toilet.	33	33	67	67
6- Washing hands after using the toilet.	91	91	9	9
7- Avoid wearing underwear of others.	42	42	58	58
8- Continuous Change to underwear to not be media for infection.	40	40	60	60
Maintain good personal hygiene during the menstruation by				
1- Use sanitary pads during the menstruation.	35	35	65	65
2- Change the pad frequently every 4 hours.	37	37	63	63
3- Washing the vagina after changing the sanitary pad.	42	42	58	58
4- Don't reuse the sanitary pad.	36	36	64	64
5- Disinfect or clean toilet before and after use.	35	35	65	65
6- Bathing during the menstrual period in the standing position.	43	43	57	57
Maintaining good nutrition by				
1- Eating a healthy, balanced and varied diet.	41	41	59	59
2- Drinking a lot of fluids.	30	30	70	70
3- Eating more fruits and vegetables.	28	28	72	72
4- Reducing salty foods and spices.	38	38	62	62
5- Reducing sugars and fats.	37	37	63	63

Figure 3.
Total Score of the Studied Women's Practices Regarding Sexually Transmitted Diseases (n=100).



DISCUSSION

Since early eighties, the sexually transmitted diseases (STDs) are a great public health concern in the world particularly in developing countries as it enhances the transmission of Human Immune deficiency Virus (HIV). Besides, sexually transmitted diseases can have serious consequences on reproductive health and well-being of both men and women. Both short- and long-term sequelae of untreated Sexually transmitted diseases cause profound biomedical, social and economic impact on individuals and communities. Thus, the control of Sexually transmitted diseases is now recognized as a global priority (Tareq, 2020).

The increasing knowledge about STDs is considered the first line of defense to minimize the STDs incidence rate and maintain the wellbeing of the population. Also, knowledge about STIs is very significant for preventing the adverse outcomes of young adult reproductive health. Therefore, this present study was designed to assess the knowledge and practice about sexually transmitted diseases among childbearing women at El-Fayoum City. Regarding socio-demographic characteristics of the studied sample, the current study revealed that the age of more than half of the studied women was between 25- 35 with mean age (28.12±6.13) and more than three quarter of them were from rural areas and the majority of them were housewife. This finding was congruent with a study by (Mahmoud ., 2016) that entitled " Effect of Counseling about Health Hazards of Sexually Transmitted Diseases on Women's knowledge " in Egypt, who reported that more than half of the studied sample were in the age group of 25-35 years and nearly three quarter of them were housewife.

Concerning women's education, slightly more than one quarter of them were read and write while approximately half of them had secondary education (diploma) and the minority of them had university education. This result was incongruent with a study by (Mahmoud ., 2016) that entitled " Effect of Counseling about Health Hazards of Sexually Transmitted Diseases on Women's knowledge " who reported that approximately three quarter of the study group had university education and less than one quarter of them had secondary education while the minority of them were illiterate.

From the researcher point of view, this result may be because of the majority of the studied women were from rural area and this affect their level of education because most people in rural areas don't educate their children especially the girls and prefer to marry them at young age unlike the people in urban area. were from rural areas and influenced by culture, customs and habits of these areas. Regarding the source of information about sexually transmitted diseases, the results of the current study illustrated that more than half of the studied women reported that the television (mass media) was the main source of their information about sexually transmitted diseases followed by family, internet then doctors respectively. This result was supported by a study by (Tareq, 2020) that entitled " Knowledge about sexually transmitted diseases among the students of selected Madrashes of Dhaka city." in Dhaka, who reported that more than two thirds of the study sample, the television was the main source for their information about STDs.

From the researcher point of view, this result may be due to life style and increasing technology and presence of the mass media (TV, Radio and Newspaper) and also the social media such as the internet including (Google, Facebook, Whatsapp, Twitter and Instagram) at all over the world. Focusing on women's knowledge regarding STDs, the result of the present study showed that more than three quarters of the studied women had fair or poor knowledge regarding definition, causes, types, symptoms, modes of transmission, health hazards of STDs on the women and newborn and the ways for prevention from STDs. This finding comes in

line with a study by (Al-Batanony, 2016) that entitled " Knowledge, Attitude and Practices about Sexually Transmitted Infections/Sexually Transmitted Diseases (STIs/STDs) among Married Employee Ladies in Qassim Province, KSA" who reported that the married ladies had low level of knowledge on STIs/STDs and their attitudes showed that they have many misconceptions regarding these issues.

This result is also in agreement with a study by (Ravi & Kulasekaran, 2018) that entitled " Comprehensive knowledge and practice about STIs among married rural women in South India" who stated that the women's awareness level about STDs was low. Moreover, this result supported by a study by (El-Tholoth et al, 2018) that entitled " Knowledge and attitude about sexually transmitted diseases among youth in Saudi Arabia" who reported a lack of participant's knowledge regarding the types, mode of transmission, and the ways of protections from STDs and their desire to find out information about STDs.

In contrast, this result was incongruent with a study by (Yamaguchi et al, 2016) that entitled " Knowledge, Attitude, and Practice Concerning the Prevention of STIs among High School Students in Northern, Thailand" who reported that more than half of the participants were aware of STDs as well as consciousness of sexuality, knowledge level of STI prevention, self-efficacy toward safe sex, and coping ability with STIs were significantly higher in females than in males. Also, this result was contradicted with other study conducted in Nigeria by (Amul, 2015) entitled as " Awareness and knowledge of sexually transmitted diseases among secondary school adolescents" who stated that most of the respondents reported awareness of STDs.

The researcher believes that this contradiction between the current study and those two studies may be related to the difference in the level of education and the sample setting in different country with different cultures, the sample included in this study, the majority of them were from rural areas with low level of education as well as their culture that considering the discussion of issues like STDs as taboo.

Concerning women's practices regarding self perineal hygiene, the result of the present study showed only less than one half of the studied women clean the perineal area from front to back, wear cotton underwear and keep this area dry. This result is consistent with a study by (Pete, Biguioh, Izacar, Adogaye, & Nguemo, 2019) that entitled " Genital hygiene behaviors and practices: A cross-sectional descriptive study among antenatal care attendees" who reported that good genital hygiene practices had positive effects on vaginal infection prevention including sexual transmitted infections (STIs) and the use of antiseptic solutions and synthetic underwear's are risky practices that can have an outcome on the incidence of infections in gestational women and therefore constitute a danger for the fetus and newborn..

Regarding women's practices regarding self-menstrual hygiene, the finding of the current study showed that only less than one half of the studied women change the sanitary pad every 4 hours and washing the vagina after changing the sanitary pad. This result is consistent with a study by (Das et al, 2015) that entitled " Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India" who reported that women who used reusable absorbent pads were more likely to have symptoms of urogenital disease than women using disposable pads and also provided support for the hypothesis that some menstrual hygiene practices can increase the risk of urogenital infections including STDs.

Focusing on women's total score of practice regarding STDs, the current study showed nearly two thirds of the studied women (64%) had unsatisfactory practices regarding STDs. This result supported by a study by (Zin, Ishak, & Manoharan, 2019) that entitled " Knowledge, attitude and practice towards sexually transmitted diseases amongst the inmates of women shelters homes at Klang Valley" who reported the same finding.

CONCLUSION

The present study concluded that nearly one half of the studied women had low level of knowledge about STDs. Furthermore, nearly two thirds of them had unsatisfactory practices regarding STDs.

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