

Original Article

Determining the Married Couples' Levels of Knowledge about Sexually Transmitted Diseases

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Abstract

Background: Sexually transmitted infections are important health problems in terms of the disease burdens caused by their complications and sequela through the high incidence of acute cases. This study aimed to determine the level of knowledge of married couples in the stage of marriage in Eskisehir about sexually transmitted diseases and to analyze the variables thought to be relevant.

Methods: This study was a cross-sectional study carried out on couples in the stage of marriage in the city center of Eskisehir between January 15th and May 15th, 2015. It included 360 couples who applied to a marriage office in Eskisehir, Turkey. A questionnaire was prepared as suitably for the purpose of the study by making use of the international literature and consisted of three parts. The first part was the socio-demographic data, the second part was the STD and the third part was consisted of questions including the knowledge of contraceptive methods. Data was assessed in via the SPSS (version 20.0) Statistical Package Program. Mann Whitney U Test, Kruskal Wallis Test and Spearman Correlation Analysis were used for analysis. A p-value of <0.05 was considered statistically significant.

Results: 183 (50.8%) of the participants in the study groups were female and 177 (49.2%) were male. Their ages varied between 17 and 58 and average age was 26.63±4.94years. Points scored in the knowledge questions about STDs varied between 0-25 and median point was 14.01±5.86. It was determined that those who were graduate, at the age of 30 and over and those who had health professional within the family and didn't have a STD history had a higher level of knowledge about STD (p<0.05 for each). No variation was found between gender, employment status, family income state and the level of knowledge about sexually transmitted diseases(p>0.05).

Conclusion: In this study, it was determined that the couples in the stage of marriage in Eskisehir had a medium level of knowledge about STDs. It will be beneficial to provide appropriate training about STDs for couples in the stage of marriage.

Keywords: Sexually transmitted diseases, Sexually transmitted infections, Turkey.

Introduction

Sexually transmitted infections (STI) are important health problems. According to a report from WHO, 1 million individuals get sexually

transmitted infections everyday (WHO 2012; Ersin et al. 2016). Sexually transmitted diseases (STDs) affect community health negatively. STDs are significant because of their consequences leading to social and vital

problems like infertility, pelvic inflammatory disease (PID), ectopic pregnancy, eye infections resulting in even blindness of the newborn, cancer and death (Zarakulu 2006; Ravi et al. 2014) STDs are an important health issues in Turkey as it is throughout the world. In Turkey, 3774 syphilis cases, 5234 hepatitis B cases and 412 gonorrhea cases were reported in 2003 (Guner et al, 2016). There aren't official records about the incidence of gonorrhea in Turkey. However, some studies carried out in society and health institutions and the wider contemporary Turkish society, provide us with useful insights about the prevalence of these diseases (Tumer, 2015). In Turkey, the first HIV case was reported in 1985. According to official health records, there were 7041 patients with HIV (+) diagnosis and 1197 patients with AIDS diagnosis between 1985 and 2015 (Guner et al, 2016).

People who are sexually active but are engaging in unprotected sexual intercourse are at risk of sexually transmitted infections. As there aren't generally symptoms for STIs, these symptoms are too mild to bother the patient, the disease spreads easily. Therefore, the disease can spread silently and rapidly in the society and affect a wide range of people. Besides, the disease might get worse and be transmitted to other people (Akalin et al. 2008).

This study was carried out in the city center of Eskisehir and aimed to determine the level of knowledge of the married couples about sexually transmitted diseases and to analyze the variables thought to be relevant

Materials and Methods

This study was a cross-sectional study carried out on couples in the stage of marriage in the city center of Eskisehir between January 15th and May 15th, 2015. It included 360 study groups who applied to all marriage offices in Eskisehir during the study and accepted to participate in the study.

A questionnaire form was prepared as suitably for the purpose of the study by making use of literature and consisted of three parts. The first part was the socio-demographic data, the second part was the STD and the third part was consisted of questions including the knowledge of contraceptive method. In this study the level of information about STD of couples in the stage of

marriage was presented. Questionnaire form included knowledge questions about some of the socio demographic features of the individuals, some variables considered as relevant to sexually transmitted diseases and sexually transmitted diseases. Questionnaire forms were filled up by individuals in person under observation. In the study, the levels of knowledge about sexually transmitted diseases were assessed with 25 knowledge questions prepared in accordance with the literature. In the assessment of knowledge questions, each correct answer was given "1" point. The point range varied between 0 and 25 and as the point increased, the level of knowledge increased as well. Data was assessed in SPSS (version 20.0) Statistical Package Program. Mann Whitney U Test, Kruskal Wallis Test and Spearman Correlation Analysis were used for analysis. A p-value of <0.05 was considered statistically significant.

Ethical Consideration

The study was approved by the Ethics Committee of the Istanbul Medipol University (Number: 29, Date: 23.01.2015). Data were collected by face-to-face-interview method after obtaining informed and written informed consent of the couples.

Results

A 183 (50,80%) of the participants of the study groups were female and 177 (49,20%) were male. Their ages varied between 17 and 58 years and average age was 26.63±4.94 years. Points scored in the knowledge questions about STDs varied between 0-25 and median point was 14.01±5.86. See the Table 1 for the distribution of points of study groups about sexually transmitted diseases according to some socio-demographic characteristics.

Discussion

In the study, it was determined that the couples in the stage of marriage in Eskisehir had a medium-level of knowledge about STDs. Similarly, Alimohammadi et al. found that married women had a medium-level of knowledge about AIDS and STDs (Alimohammadi et al. 2016). In the study carried out with adolescents in Germany, it was found that level of STD knowledge except for HIV/AIDS was low (Samkange-Zeebet et al. 2013).

Table 1. Distribution of points of study groups about sexually transmitted diseases according to some socio-demographic characteristics

Socio-demographic characteristics	n	STD Points of Knowledge Median (Min-Max)	Test Value z/KW; p*	Multiple Comparison
Age group				
≤24	116	13.00 (0.00-24.00)	15.131; 0.001	1-2; 0.039
24-29	163	15.00 (0.00-25.00)		1-3; 0.000
30≥	81	16.00 (0.00-25.00)		2-3; 0.189
Gender				
Male	177	15.00 (0.00-24.00)	1.507; 0.132	-
Female	183	14.00 (0.00-25.00)		-
Educational Background				
Junior high school or less	75	12.00 (0.00-20.00)	35.859; 0.000	1-2; 0.207
Senior high school	114	13.50 (0.00-24.00)		1-3; 0.000
University degree	171	16.00 (0.00-25.00)		2-3; 0.000
Previous Marriage				
Yes	41	15.00 (0.00-24.00)	0.278; 0.781	-
No	319	15.00 (0.00-25.00)		-
Having a wage-earning employment				
Yes	246	15.00 (0.00-25.00)	1.414; 0.157	-
No	114	14.00 (0.00-25.00)		-
Assessment of income state of the family				
Income is lower than expense	63	14.00 (0.00-21.00)	2.633; 0.268	-
Income is equal to expense	228	15.00 (0.00-25.00)		-
Income is higher than expense	69	15.00 (0.00-24.00)		-
Place of residence				
Center	308	15.00 (0.00-25.00)	1.002; 0.316	-
District	52	14.00 (0.00-24.00)		-
Duration of relationship				
Less than 24 months	76	15.00 (0.00-23.00)	2.054; 0.358	-
24-29 Months	152	14.00 (0.00-24.00)		-
30 Months and more	132	15.00 (0.00-25.00)		-
Having a health professional within the family				
Yes	61	16.00 (0.00-25.00)	2.074; 0.038	-
No	299	15.00 (0.00-25.00)		-
Considering that there is a lack of knowledge about STDs				
Yes	111	14.00 (0.00-25.00)	1.340; 0.180	-
No	249	15.00 (0.00-25.00)		-
Getting information about STDs before				
Yes	218	16.00 (0.00-25.00)	6.288; 0.000	-
No	142	13.00 (0.00-23.00)		-
Having STD before				
Yes	33	11.00 (0.00-24.00)	3.095; 0.002	-
No	327	15.00 (0.00-25.00)		-

z: Mann-Whitney U Test KW: Kruskal Wallis test *p<.05

Elbadawiet al., determined that level of HIV/AIDS knowledge was low among the students of Sudanese University (Elbadawi 2016). Similarly, in the study carried out in Ethiopia in 2011, it was determined that level of HIV knowledge was low among in-school adolescents (Oljira et al. 2013) In the study carried out on adolescents, Vaidakis et al found that they had knowledge about AIDS but didn't have knowledge about other sexually transmitted diseases like HPV (Vaidakis et al. 2017). In the study carried out on married women, Al Batanony found that there was a lack of knowledge about sexually transmitted diseases (Al-Batanony 2016). In the study carried out by Ravi and Kulasekaran in South India on rural women and in the study carried out by Rai et al. on adolescents, it was found that the levels of knowledge sexually transmitted diseases were low (Ravi et al. 2014; Rai et al. 2011).

It was determined that knowledge level of participants at the age of 30 and over about STDs was higher. As experiences about sexuality and sexually transmitted diseases increase with the age, knowledge level might increase as well.

In the study, no difference was found between the knowledge level of men and women. In contrast to our study, the study carried out on Australians found that knowledge levels of women about STDs were higher (Lyons et al. 2017). Educational background is one of the key factors which determine social position of the individual and as the level of education increases, the possibility of having a positive health behavior increases (Demirtas 2005). In the study group, as the level of education increases, the level of knowledge increases as well. Similarly, the studies carried out on women in Iran and China found a significant correlation between education and STD knowledge level (Alimohammadi et al. 2016; Song et al. 2016). This situation can be explained with the fact that people want to become more conscious and have more knowledge as the education level increases.

No variation was found between previous marriage, employment status, income state of the family, place of residence, duration of relationship, having a health professional within the family and considering that there is a lack of knowledge about STDs and the level of knowledge about sexually transmitted diseases.

The levels of knowledge of the individuals who had obtained information and had STD history

before were found high. Having a higher level of knowledge was an expected situation for the individuals who had caught a sexually transmitted disease previously as they had obtained information either by themselves or from health professions in the process of treatment.

Conclusion

In the study, it was determined that the couples in the stage of marriage in Eskisehir had a medium level of knowledge about STDs. The individuals who had STD history and a health professional within the family had a higher level of knowledge. Besides, as the level of education and age increases level of knowledge about STDs increases as well. It will be beneficial to provide appropriate training about STDs for couples in the stage of marriage.

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