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**A CURRENT OBSERVATION OF KNOWLEDGES ON
SEXUALLY TRANSMITTED DISEASES OF ALBANIAN
ADOLESCENTS**

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Abstract

Sexually transmitted diseases (STDs) are a group of infectious diseases caused by bacteria, viruses, parasites, protozoa, arthropods, or fungi that are acquired by sexual and asexual contact. Adolescence is considered as a critical developmental period, conventionally considered as years between the start of puberty and the establishment of social independence, seen through physiologic, psychosocial and cultural senses. The incidence of sexually transmitted diseases tends to increase in our country. An increased incidence is mainly observed in adolescence ages. This has come from the decline in the age of sexual maturity and consequently the onset of sexual intercourse, but also from the insufficient knowledge of young people about the importance of sexual intercourse. To analyze sexual behaviour among Albanian adolescents and their knowledge of STDs, with the goal of preventing their transmission, a questionnaire was done to 720 secondary school students (280 males and 440 females) aged 13–19 years. For the realization of this study, surveys and questionnaires were made to adolescents in different schools of the district of Elbasan, Albania whose responses have been analyzed and on the basis of which the conclusions of this study are taken. The knowledge acquired in schools about sexually transmitted diseases is not enough to achieve effective protection against them. Contraceptive knowledge of today's adolescents remains poor. There is largely no discussion of sexually transmitted infections in the family. More work is needed from the school, the family and the media to inform young people about STDs and the consequences they cause.

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1. Introduction

Sexually transmitted diseases (STDs) represent a worldwide public health problem (Prescot, 2011). Various microorganisms (Atlas, 1999) as viruses, bacteria, fungi, parasites, protozoa or arthropods can be sexually transmitted and cause diseases (Drago et al., 2016). Many cases of STDs as chlamydia, gonorrhoea, and syphilis (Centers for Disease Control and Prevention, 2014) go undiagnosed; others are not reported at all (Prescot, 2011; Centers for Disease Control and Prevention, 2014). This is particularly problematic as women with untreated Chlamydia or gonorrhoea infections (Mali, 2007) risk infertility, and both men and both men and women with papillomavirus infection (Hysko, Puto, & Hizmo, 2006; Chan, Sun, Wong, Lee, & Hung, 2016), have a greater than normal risk of cancer (Prescot, 2011). The spread of most of STDs is currently out of control (Centers for Disease Control and Prevention, 2014; WHO, 2017). The WHO estimates that 300 million new cases of sexually transmitted diseases occur annually, with the predominant number of infections in fifteen-to-thirty-year-old individuals (Prescot, 2011). Adolescence is considered as a critical developmental period, conventionally considered as years between the start of puberty (Ruka, 1995; Kent, 1995). It is associated with a period of increased risk-taking behaviours as well as increased emotional reactivity (Jaworska & MacQueen, 2015). An increased incidence of STDs is mainly observed in adolescence ages (WHO, 2017). This has come from the decline in the age of sexual maturity and consequently the onset of sexual intercourse, but also from the insufficient knowledge of adolescents about the importance of sexual intercourse. Preventive measures are based mainly on better education of the total population and, when possible, control of the sources of infection (Prescot, 2011; WHO, 2017).

2. Problem Statement

The incidence of sexually transmitted diseases tends to increase in our country. An increased incidence is mainly observed in adolescence ages. This has come from the decline in the age of sexual maturity and consequently the onset of sexual intercourse, but also from the insufficient knowledge of young people about the importance of sexual intercourse.

3. Research Questions

Have the adolescents got enough information in school about sexuality?

Do they have knowledge about STDs?

What are the contraceptive methods the adolescents know about the prevention of STDs and pregnancy?

What are some of the major STDs they know?

Which is the secure source for STDs information?

4. Purpose of the Study

To analyze sexual behaviour among Albanian adolescents and their knowledge of STDs, with the goal of preventing their transmission.

5. Research Methods

A structured questionnaire (Burazeri, Roshi, & Tavanxhi, 2002) was administered to 720 middle and secondary school students (280 males and 440 females), from April 2016 to May 2017. This is a quantitative study aiming at collecting data through a representative sample of young people aged 13-19 years. For the realization of this study, surveys and questionnaires were made to adolescents in different schools (in urban and rural areas) of the district of Elbasan (which is located in the central part of Albania). The students were randomly selected for each class from the districts (city / village) schools. The responses have been analyzed and on the basis of which the conclusions of this study are taken.

6. Findings

The age limit included in the study is 13 to 19 years old, with the highest percentage being 17 years old (25%). Below are tables and graphs showing how the students responded to the questionnaires and the results are analyzed. 38% of respondents were male and 62% were female. About 60% of respondents live in the city and 40% are resident in rural areas. Despite the fact that most young people say they have received information about STDs, only 35% confessed that this information is sufficient. Although teenagers report that at school they have taken information about STDs, HIV/AIDS and sexuality, this information is insufficient. As the main reason of such insufficient information they mention the small number of hours in these topics. According to the following, some of the questions are as follows:

1- Have you got information in school about sexuality?

Most of young people say that get knowledge at the school about sexuality. This is also related to the fact that the subject of sexual education is included in the middle school curricula as shown in figure 01.

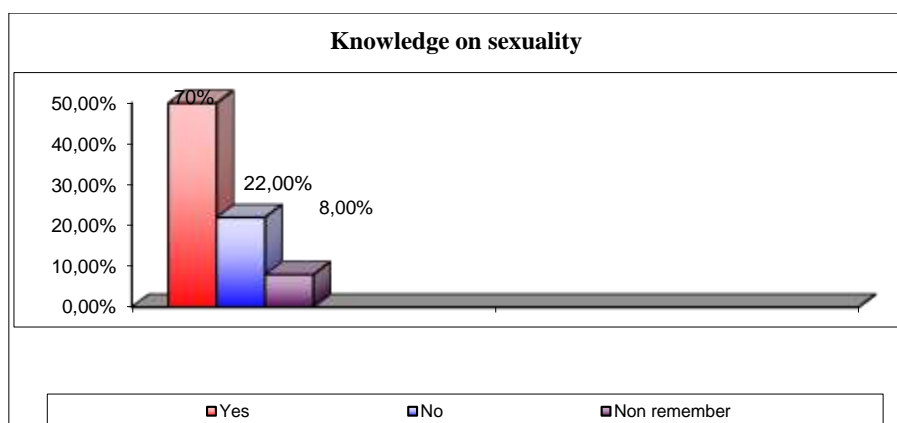


Figure 01. Knowledge on sexuality taken at school (in percentage).

2- Do you have knowledge about STDs?

Most of adolescents (81%) say that they are informed at school for sexual transmitted diseases and about HIV/AIDS. However, this does not indicate how well informed are they and what is the level of knowledge and attitudes concerning STDs as seen in Figure 02.

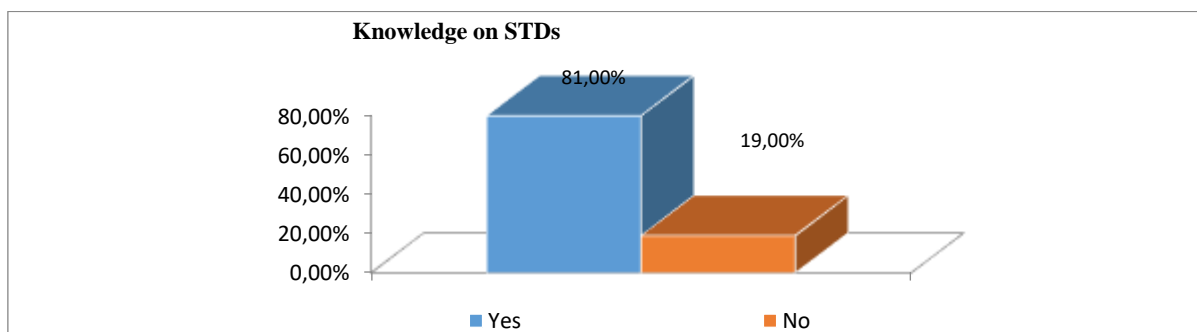


Figure 02. Knowledge about STDs given by the school (in percentage).

3- What are the contraceptive methods you know about the prevention of STDs and pregnancy?
 59% identify the condom as a means to protect against STDs and pregnancy, while 41% have no knowledge of any contraceptive method that protects against pregnancy and STDs as shown in Figure 03. It should be noted that young people generally have information on the role of the condom as a double protector for pregnancy and STDs, but again this level is low. On the other hand, their level of knowledge for modern pill methods or emergency contraception is low. We think that the low level of knowledge about the diaphragm is explained by the fact that this method has not been practiced or offered in Albania. Young people consider it important to use the condom to prevent pregnancy and not to prevent a STDs.

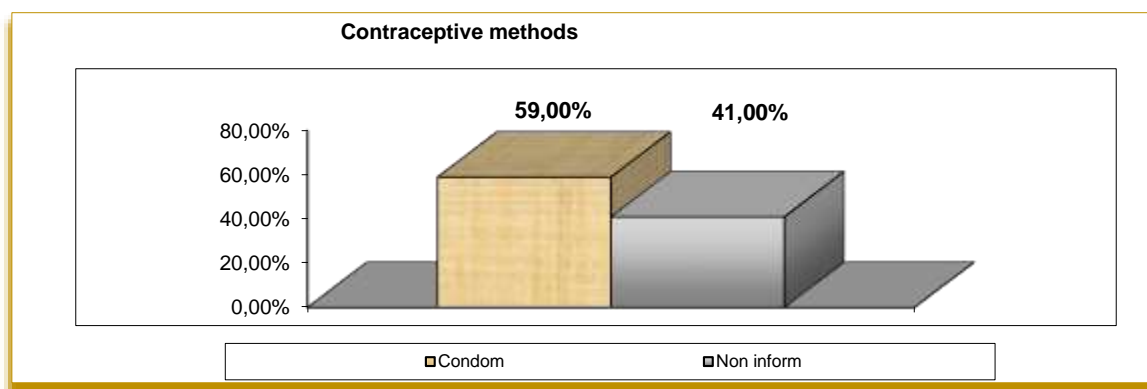


Figure 03. Contraceptive methods for pregnancy and STDs (in percentage).

4- What are some of the major STDs you know?
 Some of the major STDs are: AIDS, with the largest percentage, syphilis, hepatitis B that is very common in our country, as well as gonorrea, chlamydia, herpes, candida, and so on. About 80% of participants identify AIDS as a sexually transmitted infection, while the other STDs are less known. (Table 01).

Table 01. Knowledge on the major STDs that adolescent know (in percentage)

Knowledge on STDs							
STDs	AIDS	Syphilis	Hepatitis B	Ghonorrea	Clamydia	Heerpes	No information
%	80.00	33.10	21.90	1.66	9.70	0.50	2.70

5- Which are the settings where STDs analyzes can be conducted?

About 1/3 of the participants do not know where to go for analysis of STDs. There is a low level of information for institutions or settings where diagnostics and treatment are provided. (Table 02).

Table 02. Knowledge on settings where STDs analyzes can be conducted (in percentage).

STDs analysis settings					
STDs	Hospital	Medical laboratory	PHI	No information	Red Cross
%	50.00	16.67	2.22	30.55	0.56

6- What are the HIV/AIDS transmission routes?

More than ¾ of the participants recognize the main routes of HIV/AIDS, sexual and blood transfusion, while less than a half recognize the vertical transmission route from mother to child as shown in table 03.

Table 03. Knowledge on the HIV/AIDS transmission routes (in percentage).

The HIV / AIDS transmission ways				
Routes	Sexual	Blood transfusion	From mother to child	Dental
%	86.11	76.38	41.66	0.27

7- What is your source for STDs information?

About one third of young people have received information about STDs issues and contraception from their friends, while 38.88% claim to have received information from teachers. The health personnel is a very low source of information, only 18.05%. The information received from TV/radio about these issues was very low, about 15%, though they think that the best source of information they can get by TV. Fellows are a very important source of information (38.88%), while 25% report being mother/father. (Table 04).

Table 04. The level of knowledge of the adolescents on the STDs source information (in percentage).

STDs source information									
Source	Parents	Friends	Partner	Physician / Nursing	Teacher	Psychologist	Written media	TV/Radio	Don't remember
%	25.00	38.88	7.77	18.05	40.97	9.72	16.66	15.27	5.55

8- Do you feel embarrassed when discussing STDs and RSH (Reproductive Sexual Health)?

66% of respondents say they feel very and somewhat embarrassed when discussing issues of STDs and RSH (Reproductive Sexual Health), while 70% of females say that they feel very and somewhat embarrassed when discussing sexual reproductive health issues. (Table 05).

Table 05. Feeling embarrassed when discussing the Reproductive Sexual Health (in percentage).

Feeling embarrassed when discussing the Reproductive Sexual Health			
%	To much	Somehow	No problem
		18.00	48.00

9- Do you discuss with the parents about the STDs and Reproductive Sexual Health?

About 85% of respondents say that they rarely discuss or don't discuss with parents about STDs and Reproductive Sexual Health, while 90% of them identify the school as a place where they should be taught about sexual and reproductive health as shown in figure 04.

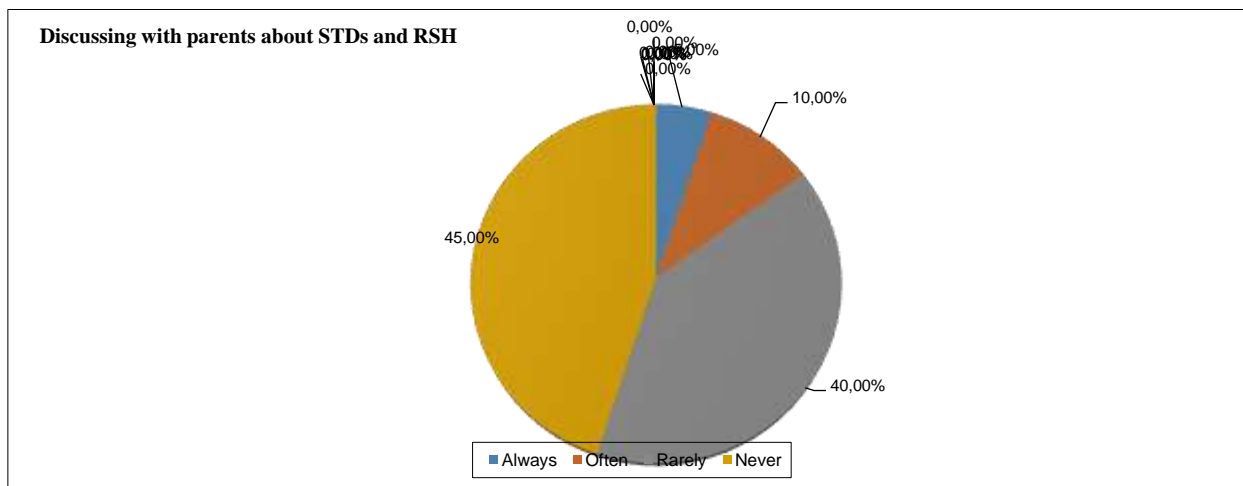


Figure 04. Discussing with parents about STDs and Reproductive Sexual Health (in percentage).

Adolescents were asked:

10- In which class they thought that sexual subject education should begin?

About 30% of respondents say that sexual education should begin in the eighth class. (Table 06).

Table 06. The class which they thought that sexual education should begin (in percentage).

ADOLESCENTS ANSWERS	Class									
	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	
%	2.22	11.80	9.16	18.75	29.16	3.05	13.88	11.80	0.18	

11- When you have done the first sexual intercourse?

25% of respondents have had sexual intercourse, with an average age of 15 years. The most frequent age group is 15-17 years. Less than half of those who have had sexual intercourse use contraceptive methods, because of unsatisfactory level of knowledge they have on contraception and low school discussion about them as seen in table 07 below.

Table 07. The age when they have first made sexual intercourse (in percentage).

ADOLESCENTS ANSWERS	First sexual intercourse age										
	Did not have sexual intercourse	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	
%	75.00	0.00	0.14	1.38	2.77	5.00	5.00	6.94	2.09	1.68	

7. Conclusion

35% of teenagers report that the knowledge acquired in school about sexually transmitted diseases is not enough to achieve effective protection against them. This is mainly due to the lack of sufficient teaching hours related to STDs and reproductive sexual health.

Knowledge of contraceptives among teenagers today remains poor. 59% identify the condom as a means to protect against STDs and pregnancy, while 41% have no knowledge of any contraceptive method that protects against pregnancy and STDs. Young people consider it important to use the condom to prevent pregnancy and not to prevent a STDs.

There is largely no discussion about sexually transmitted infections in the family. About 85% of respondents say that they rarely discuss or don't discuss with parents about STDs and Reproductive Sexual Health, while 90% of them identify the school as a place where they should be taught about sexual and reproductive health. About 30% of respondents say that sexual education should begin in the eighth class. More work is needed from the school, the family and the media to inform young people about STIs and the consequences they cause. Coordination of these three more effectively will increase the awareness level among younger generations to pay more attention to these diseases.

However, the role of the school is irreplaceable, not forgetting that the purpose of education is not simply informative, but pupils acquire behaviours that prevent the transmission of these diseases. Therefore, the programs developed aim at increasing knowledge, developing skills, encouraging positive and accountable attitudes of students.

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