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Research Article

AWARENESS OF SEXUALLY TRANSMITTED DISEASES AMONG ADULT AGE GROUP IN KSA

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Abstract:

Background: Sexually transmitted diseases (STDs) are one of the most serious diseases in the world. Therefore, this study provides a fresh perspective on the prevalence of STIs among the elderly in KSA.

Methods: The study employed a descriptive design that asserts on offering light into the situation at hand and examining the variables under consideration. The design described the awareness levels of adults on STIs and the levels of vulnerability. Hence, a cross sectional study approach was chosen for the main purpose of bringing forth information at a point in time on the prevalence of STIs among older adults in KSA. The current study looked at collecting data for the recent patients treated across 10 hospitals in KSA.

Results: study included 455 participants. The highest mean score was for community stigma prevent patients from opening upon STI concerns (Mean= 3.64) in which most participants agreed on that (n= 332). While a majority of the patients have preference for specific doctors for STI treatment in the second place with a mean of (3.41) (n= 309). On the other hand, the lowest mean score was for it is common for patients to ask for STI preventive information while visiting health care facilities (Mean= 2.49) (n= 225). Scale items showed good reliability (Cronbach's alpha= 0.880). Moreover, scale reliability would increase to (0.886) if the last item were deleted.

Conclusion: Study results showed that participants agreed that community stigma prevent patients from opening upon their STI concerns. In addition, they agreed that majority of patients prefer specific doctors to seek treatment. On the other hand, participants disagreed that STI patient would attend treatment with the partner. Moreover, participants strongly disagreed with population would ask about STI preventive information while visiting health care facilities.

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INTRODUCTION:

For adults, sexual activity still plays a crucial role in improving their cardiovascular health and overall well-being. It is a shame that sexuality in the adult population is still stigmatized and misunderstood. Memish and colleagues [1] notice that as a result, harmful sexual practices are more commonplace due to a diminished focus on safe sexual activities.

Infectious sexually transmitted diseases continue to be a serious public health issue across the world, especially in underdeveloped regions. WHO estimates 499 million new cases of STIs per year, with the vast majority being treatable, as reported by literature [1]. Urban regions continue to be most hit, notably among singles and young people, according to data collected so far [2-3]. According to Smith and colleagues [4], many older persons believe false information about sexually transmitted infections (STIs) owing to a lack of awareness.

Promoting awareness of sexually transmitted infections calls for regular testing and encouragement within the context of sexual-health dialogue. Some studies note that increased contact across the generations helps spread STIs, particularly since older folks are more likely to engage with younger people [5-6]. While Al-Afraa and others [7] acknowledge that there are several knowledge instruments accessible to people of all ages, they also acknowledge that there is currently a lack of a suitable tool to test STI knowledge across age groups.

One notable omission is data on STD outbreaks in Islamic nations. Due to religious prohibitions, non-marital sex and homosexuality are taboo in this society, hence there is little information available on the issue [2]. Cultural and religious intolerance of homosexuality and non-marital sex lend credence to the hypothesis that the frequency of STIs is low. Meanwhile, despite 68,886 newly recorded instances, the degree of knowledge remains debatable [1]. The most common sexually transmitted diseases among

the sample were non-gonococcal urethritis (25.4%), trichomoniasis (9.1%), human immunodeficiency virus (7%), human papillomavirus (2.9%), and syphilis (1.3%). The major emphasis of this research is on how widespread STIs are, and whether or not the degree of knowledge among adults is sufficient to prevent further spread [8].

The findings of this research will be useful in increasing awareness of STDs in the Kingdom of Saudi Arabia. Therefore, knowing where the major bottlenecks are in lowering the incidence of STDs will need information on safe sex practices. The study's findings will help public and private organizations throughout KSA target their efforts to reduce infection rates by identifying priority locations for intervention. Therefore, this study provides a fresh perspective on the prevalence of STIs among the elderly in KSA.

METHODS:**Study design**

The study employed a descriptive design that asserts on offering light into the situation at hand and examining the variables under consideration. The design described the awareness levels of adults on STIs and the levels of vulnerability.

Study approach

Hence, a cross sectional study approach was chosen for the main purpose of bringing forth information at a point in time on the prevalence of STIs among older adults in KSA. The current study looked at collecting data for the recent patients treated across 10 hospitals in KSA.

Study population

The main population under investigation were the older adults in KSA, age group between 30 and 50 years. The population choice was based on an investigation on the level of awareness across KSA and thus generalize widely.

Study sample

A sample of 10 hospitals was used for collection of data, with the researcher approaching the records department for information on the prevalence of STIs among the chosen age group. The sample was randomly arrived at and used as the basis for data collection.

Study tool

The main data collection tool was the use of questionnaires that were designed to capture information about different respondents in the hospital environment. The questionnaire was designed to have multiple choice questions on a Likert scale to easily arrive at quantitative data.

Data collection

The questionnaire was designed to collect both demographic and issue specific data from the medical records of the patients. The questionnaire is strictly multi choice based and was administered to hospital staff to offer more information about their patients.

Data analysis

The data was analyzed both qualitatively and quantitatively using a thematic approach and application of SPSS to bring forth frequencies and correlational attributes. The data are presented in graphs and tables for ease of understanding across the target population.

Ethical Consideration

The researcher sought permission on collectign the data from the relevant authorities through consent forms. The main ethical consideration is to bring forth data from respondents over 18 years of age and hence ensure the validity of the research. At the same time, the information collected was kept confidential to avoid any harm to either the researcher or the respondents.

RESULTS:

Participants of the study were asked to answer a five-point Likert scale questions. Participants' answers are presented in table 1. Detailed frequency of participants answers are provided in the table in annex 1. It is noticed from the table that the highest mean was for community stigma prevent patients from opening upon STI concerns (Mean= 3.64). While a majority of the patients have preference for specific doctors for STI treatment in the second place with a mean of (3.41). On the other hand, the lowest mean score was for it is common for patients to ask for STI preventive information while visiting health care facilities (Mean= 2.49). Scale items showed good reliability (Cronbach's alpha= 0.880). Moreover, scale reliability would increase to (0.886) if the last item were deleted.

Item	Mean	SD	Rank
It is highly likely to hear of an adult with STI in the local community	2.99	1.199	6
It is common to treat STI among adults in the community	2.61	1.206	12
It is common for patients to ask for STI preventive information while visiting health care facilities	2.49	1.329	13
It is common to hear of untreated STIs in the community that get deadly	2.79	1.227	10
Patients stream into hospitals frequently to treat STIs	3.18	1.278	3
A majority of the patients have preference for specific doctors for STI treatment	3.41	1.277	2
A majority of the patients treating STIs are the regulars as opposed to new	2.96	1.221	7
A majority of the patients treating STIs come with their partners	2.77	1.283	11
A majority of patients are aware of the need for safe sex to avoid STIs	3.01	1.271	5
The hospital offers knowledge on safe sex for patients visiting for STI treatment	3.01	1.278	5
The hospitals offer tools e.g condoms for safe sex for patients visiting for STI treatment	2.83	1.256	9
A majority of patients easily take on condoms and other safe sex tools as STI preventive measures	2.85	1.23	8
The patients acknowledge stigma in the community associated with STIs	3.05	1.284	4
Community stigma prevent patients from opening upon STI concerns	3.64	1.21	1

DISCUSSION:

There is a high danger of spreading sexually transmitted diseases (STDs) since most people with an STD don't realize they have it at first [9-10]. This is particularly true in poor countries [11-12].

Very little is known about the prevalence of sexually transmitted diseases in Saudi Arabia and other Islamic nations. Although the incidence of sexually transmitted diseases (STDs) in Saudi Arabia is low, there is a higher risk of exposure today due to more people traveling abroad for education [13], which is despite the fact that detailed information on the epidemiology of HIV infection in Saudi Arabia has been published [14-16].

Sexually transmitted diseases (STDs) are a collection of infectious illnesses spread by sexual contact and may be caused by a wide variety of organisms, including viruses, bacteria, fungus, parasites, protozoa, and arthropods [17]. The social stigma of STDs is known to exist in diverse communities and leads to under-detection and underreporting [13, 18]. The most prevalent STDs are gonorrhea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, HIV infection, and hepatitis B.

Many international studies [19-21] have focused on adolescents because of their increased susceptibility to STDs; we did the same to evaluate their level of awareness and preparedness.

Since our questionnaire is simple, open to participation from all segments of society, and free of the embarrassment that often accompany in-person polling, we have seen a rapid uptick in response rates and confidence in the data it provides. Additionally, the Internet is increasingly being used to choose a sexual partner, which poses a new risk for the transmission of HIV/AIDS and other STDs; this technique of online survey has been utilized before by other studies [22-28].

Abstinence before marriage may protect adolescents from sexually transmitted diseases (STDs), although adolescents may be hesitant to discuss the topic openly with their parents and instructors if they are religious, as was explored by Gao et al. [29] in 2012. It's true that teens who practice their faith are less likely to contract sexually transmitted diseases (STDs), but there's no reason religion shouldn't be used to start a conversation about STDs, and the message of STD prevention can easily be embedded in the context of our faith and culture, especially now that we know schools should be teaching about the issue.

But Deptula et al. [30] in 2010 emphasized the relevance of the parent-child connection in preventing STDs, finding that it is linked to decreased rates of unprotected sex, unplanned pregnancies, and STDs in teens. Parent-adolescent communication is critical for adolescent health indicators, according to research conducted in various Mediterranean Catholic countries [31-33]. However, a study found that only 11.2% of adolescents learned about STDs from their parents [7]. According to the study [7] poll, 71.7% of participants' primary source of information is the Internet, with 35.1% citing their formal education as their primary source. With the Internet's pervasive presence in modern life, it makes sense to provide accurate information about sexually transmitted diseases (STDs) to young people and their families via formal education and awareness initiatives at school and in the community [7].

However, authors in [7] did find some good news about the STD community's rejection of those with the virus: just 22% of participants said they would seek for a divorce, which is down from the 32.8% recorded by Fageeh [34] in 2014. About 69% of those surveyed in [7] research said they would encourage a friend or family member to get treatment, and 58% said they would be tested for the condition [7].

CONCLUSION:

Study results showed that participants agreed that community stigma prevent patients from opening upon their STI concerns. In addition, they agreed that majority of patients prefer specific doctors to seek treatment. On the other hand, participants disagreed that STI patient would attend treatment with the partner. Moreover, participants strongly disagreed with population would ask about STI preventive information while visiting health care facilities.

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Annex 1: Participants' responses to scale items

Item	1	2	3	4	5
It is highly likely to hear of an adult with STI in the local community	60 13.2%	102 22.4%	120 26.4%	127 27.9%	46 10.1%
It is common to treat STI among adults in the community	114 25.1%	94 20.7%	123 27%	105 23.1%	19 4.2%
It is common for patients to ask for STI preventive information while visiting health care facilities	153 33.6%	84 18.5%	93 20.4%	92 20.2%	33 7.3%
It is common to hear of untreated STIs in the community that get deadly	77 16.9%	126 27.7%	111 24.4%	98 21.5%	43 9.5%
Patients stream into hospitals frequently to treat STIs	67 14.7%	69 15.2%	104 22.9%	147 32.3%	68 14.9%
A majority of the patients have preference for specific doctors for STI treatment	45 9.9%	71 15.6%	100 22%	130 28.6%	109 24%
A majority of the patients treating STIs are the regulars as opposed to new	68 14.9%	95 20.9%	128 28.1%	115 25.3%	49 10.8%
A majority of the patients treating STIs come with their partners	95 20.9%	105 23.1%	115 25.3%	91 20%	49 10.8%
A majority of patients are aware of the need for safe sex to avoid STIs	69 15.2%	94 20.7%	117 25.7%	112 24.6%	63 13.8%
The hospital offers knowledge on safe sex for patients visiting for STI treatment	75 16.5%	86 18.9%	109 24%	128 28.1%	57 12.5%
The hospitals offer tools e.g condoms for safe sex for patients visiting for STI treatment	88 19.3%	93 20.4%	130 28.6%	97 21.3%	47 10.3%
A majority of patients easily take on condoms and other safe sex tools as STI preventive measures	77 16.9%	109 24%	120 26.4%	105 23.1%	44 9.7%
The patients acknowledge stigma in the community associated with STIs	66 14.5%	93 20.4%	122 26.8%	101 22.2%	73 16%
Community stigma prevent patients from opening upon STI concerns	42 9.2%	39 8.6%	73 16%	186 40.9%	115 25.3%

1: Strongly disagree; 2: Disagree; 3: Neutral; 4: Agree; 5: Strongly agree