

Knowledge And Attitudes Of Students From Kosovo Towards Sexually Transmitted Infections-Stis

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Abstract

Introduction: Sexually transmitted infections (STI) represent a major concern encountered by physicians. Sexually transmitted infections are spread through sexual contact which includes vaginal, anal, oral as well as the use of sex games. The greatest risk of acquiring any STIs comes from unprotected sexual activity with an infected partner. However, everyone who is sexually active is at risk from STIs. There are different factors which highly contribute in the spread of STIs and as a result mostly young people are in risk to get affected by them. Considering the importance and knowing all the risk factors involved in the spread of STIs, there is the need to better evaluate the knowledge of the young people on STIs in order to design appropriate strategies and programs for the awareness on sexually transmitted infections, about the protection against these infections, identifying possible factors that affect sexual health and achieving good results in relation to sexual health.

Aim: The main purpose of this research is to identify the level of knowledge of young people of Kosovo on STIs, identify sources of information about STIs and evaluate the connection (association) of knowledge about contraceptive methods and use.

Materials and Methods: The study has a qualitative approach, self-report questionnaires were used to evaluate the knowledge and attitudes of young people about sexually transmitted infections. In this study, 253 high school students took part. The schools in which the research was carried out were: medical, competence, science, linguistic and social sciences high school. For this research, a questionnaire consisting of a total of 20 questions was used to evaluate the knowledge and attitudes of young people on sexually transmitted infections. Initially, permission was obtained to access to High Schools for conducting this research and the students were informed in advance about the purpose of the research and that the data will be used only for the study and will be confidential. The time for self-administration of the questionnaire was 5-10 minutes. The data was collected from May 10-30, 2020, and analyzed using the Google Classroom online platform in the form of a quiz/questionnaire.

Conclusions: Our results suggest that continuous training should be organized in the field of teacher-student communication, in order to improve teaching performance in this aspect. There should be an inclusion of sex education in schools at all levels of pre-university education and treating social workers in schools to focus on the emotional, intellectual and physical aspects of sexual health would be essential. It would also be fruitful if teachers, parents, health workers discussed with young people more about sexual health. And lastly, creating special awareness offices in schools and centers for counseling and treatment would highly increase the information and thus the prevention of young people affected by STIs

Keywords – STIs, young people, Kosovo, school

I. INTRODUCTION

Sexually transmitted infections (STI) represent a major concern encountered by physicians. To date, different terms are used to describe sexually transmitted infections, which are often synonymous or substitute for each other (Farhat F., 2022). The

most common and overused terms are: "sexually transmitted diseases", "venereal diseases", sexually transmitted infections", sexually transmitted diseases", "sexually transmitted diseases", which help in distinguishing the causes of the infections that are mainly spread by intimate contact. (Dobreci S. G., 2009).

However, some experts prefer the term STI to sexually transmitted disease (STD) to describe the spread of microbes (pathogens) from one person to another through close sexual contact (Stang et al. 2011). They believe that this expression is more accurate, because many infections can be without symptoms. A person without symptoms is technically not sick, so the term STI includes both infection and disease (Stang et al 2011).

Sexually transmitted infections are spread through sexual contact which includes vaginal, anal, oral as well as the use of sex games (CDC, 2010, WHO, 2011a). The greatest risk of acquiring any STIs comes from unprotected sexual activity with an infected partner. However, everyone who is sexually active is at risk from STIs (Stang et al. 2011). Moreover, some sexually transmitted infections can spread in other ways such as skin-to-skin contact or kissing (Merkuri et al. 2011).

As the STI can be spread from one person to the other, the symptoms may vary or not be present at all (Merkuri et al. 2011). The most common signs of STIs include redness, burning or itching around the genitals, increased discharge from the genitals, often foul-smelling and colored, burning and/or pain during urination, frequent and scanty urination, pain in the lower abdomen or around the genitals, pain during intercourse, pimples or sores around the genitals. (Mercury et al, 2011).

The most common STI targeted group of people are the young ones, considering the fact that they have few knowledge related to protected intercourse and the risks of STIs (Dehne et al. 2005). However, there are a number of risk factors which contribute in the spread of the infections such as; biological, social and behaviour, economical and medical factors.

In terms of biological factors, sexually active females have higher risks of having STIs compared to males (Dehne et al. 2005). Moreover, the age plays an important role, since it is known that younger females are more sensitive to certain STIs (Stang et al. 2011). In the other hand, social factors consist of different components contributing in the spread of infections. Mostly, parents being uncomfortable talking to their teenage children about sex. Even partners lack communication about safe sexual behavior. As a result, adolescents may find it very difficult to practice safe sex (Stang et al. 2011). Also, the poverty, migration, drug and alcohol abuse are great contributors in STIs (CDC, 2012b). While medical factors include: short incubation of the disease (gonorrhea) or long (AIDS up to 10 years or more), asymptomatic development (gonorrhea, chlamydia, AIDS), the impossibility or lack of reliable laboratory diagnosis, the appearance of new types of microorganisms (especially of gonococci) resistant to the influence of drugs, incomplete statistical data on the spread of the disease (hiding the disease), lack of vaccine, artificial prevention of unwanted pregnancy with pills (not using condoms), illegal abortions, infrastructure low health, lack of health and gender (sexual) education (Dobreci, 2009). The economic difficulties, political and cultural situation, changing lifestyles and world views on gender relations are a key factor in sex related diseases (Stang et al. 2011).

The STIs according to the type of the organisms which causes are divided in; bacterial, viral, protozoa, fungal, exoparasites infections.

Bacterial infections include syphilis, gonorrhea, lymphogranuloma venereum (LGV), Chancroid, granuloma inguinale. The most common viral infections are AIDS, viral hepatitis, genital herpes simplex, anogenital warts, genital molluscum, contagiosum. Protozoa infections are trichomoniasis, giardiasis. Fungal are vaginal candidiasis and exoparasites include scabies and pubic lice. (Tolaj, 2019).

Considering the importance and knowing all the risk factors involved in the spread of STIs, there is the need to better evaluate the knowledge of the young people on STIs in order to design appropriate strategies and programs for the awareness on sexually transmitted infections, about the protection against these infections, identifying possible factors that affect sexual health and achieving good results in relation to sexual health. Thus, this article aims to identify the level of knowledge of young people in Kosovo on sexually transmitted infections.

II. AIM OF THE STUDY

The main purpose of this research is to identify the level of knowledge of young people of Kosovo on STIs, identify sources of information about STIs and evaluate the connection (association) of knowledge about contraceptive methods and use.

III. MATERIALS AND METHODS

The study has a qualitative approach, self-report questionnaires were used to evaluate the knowledge and attitudes of young people about sexually transmitted infections.

In this study, 253 high school students took part. The schools in which the research was carried out were: medical, competence, science, linguistic and social sciences high school.

From these data we have found that the demographic data are as follow: 17 students were 15 years old or (6.7%) of the subjects, 71 students were 16 years old or (28.1%) of the subjects, 99 students were 17 years old or (39.1%) of the subjects and 66 students or (28.1%) of the subjects were 18 years old (Table 1)

Table 1. The age of the subjects involved in the study

Age	N	%
15 years old	17	6.7%
16 years old	71	28.1%
17 years old	99	39.1%
18 years old	66	28.1%
Total	253	100%

Female participants were more numerous than the male participants, specifically, 188 females or (74.3%) of the subjects took part in the study, while 65 or (25.7%) of the subjects were male; (Table 2)

Table 2. Responders by gender

Gender	Nr	%
Female	188	74.3%
Male	65	25.7%
Total	253	100%

According to the place of residence, 94 students were from urban parts or (37.2%) of the subjects, and the rural areas was represented with 159 students or (62.8%) of the subjects, (Table 3)

Table 3. Number of subjects according to the place of residence.

Residency	Nr	%
Urban	94	37.2%
Rural	159	62.8%
Total	253	100%

For this research, a questionnaire consisting of a total of 20 questions was used to evaluate the knowledge and attitudes of young people on sexually transmitted infections. Initially, permission was obtained to access to High Schools for conducting this research. The students were informed in advance about the purpose of the research and that the data will be used only for the study and the confidentiality of the data will be maintained. In cases where the students in the study encountered problems of not

understanding any term of the questionnaire, assistance was offered from our side. The time for self-administration of the questionnaire was 5-10 minutes. The data was collected from May 10-30, 2020, and analyzed using the Google Classroom online platform in the form of a quiz/questionnaire.

IV. RESULTS

Based on the results we observed that the knowledge of young people on sexually transmitted infections, as assessed by the answers is: sufficient 140 or (53.3%), then few 105 or (41.5%), and not at all 8 or (3.2%) . And according to these results we can conclude that most of the students are confident that they have sufficient knowledge on sexually transmitted infections (Figure 1).

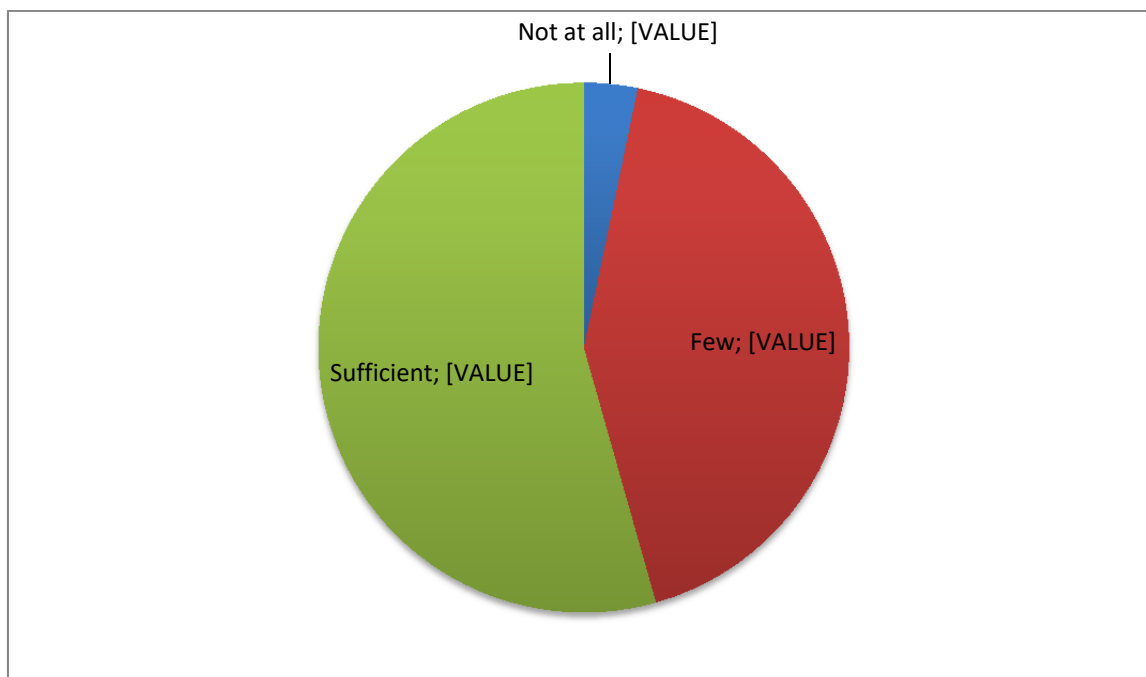


Figure 1. Young people's knowledge on sexually transmitted infections

Based on the results on the students' assessment of where they got the information about sexually transmitted infections, the answers are as follows: the Internet, social networks 81 or (32.3%), your family and family circle 7 or (2.8%), school 152 or (60.6%), another 11 or (4.4%), (Figure 2).

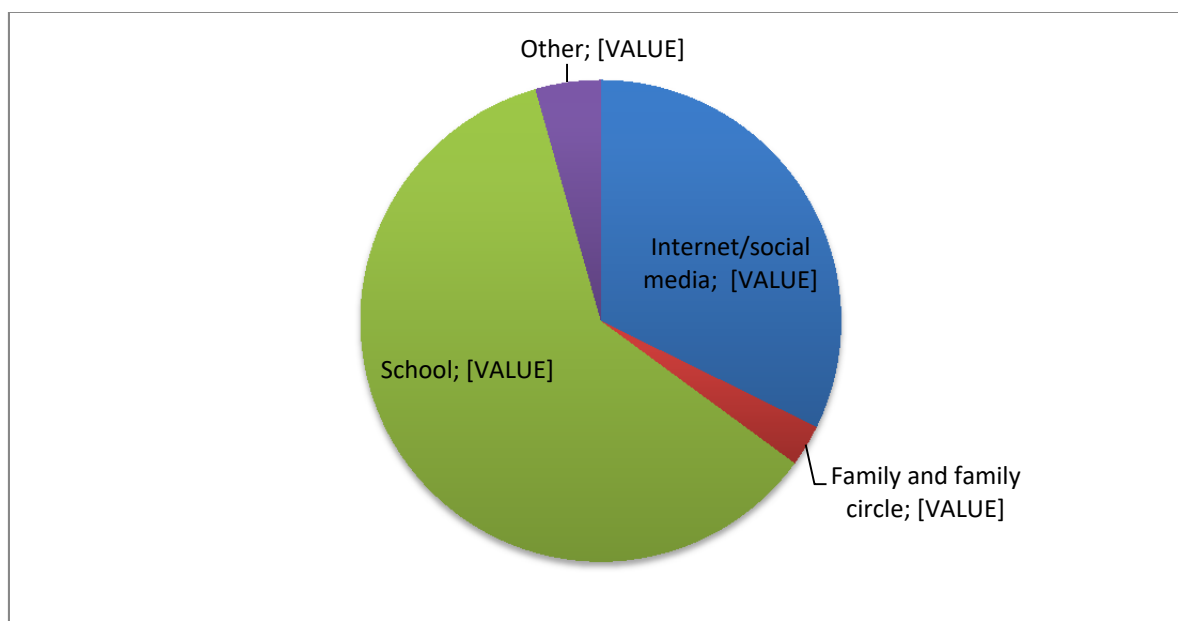


Figure 2. Information on sexually transmitted infections

After collecting the data, analyzing and presenting the results, that the assessment of information about sexually transmitted infections is mostly through school, we wanted to investigate how much information they get in the schools and the answers are as follows: not at all 32 or (12.6%), few 126 or (49.8%), sufficient 95 or (37.5 %) (Figure 3)

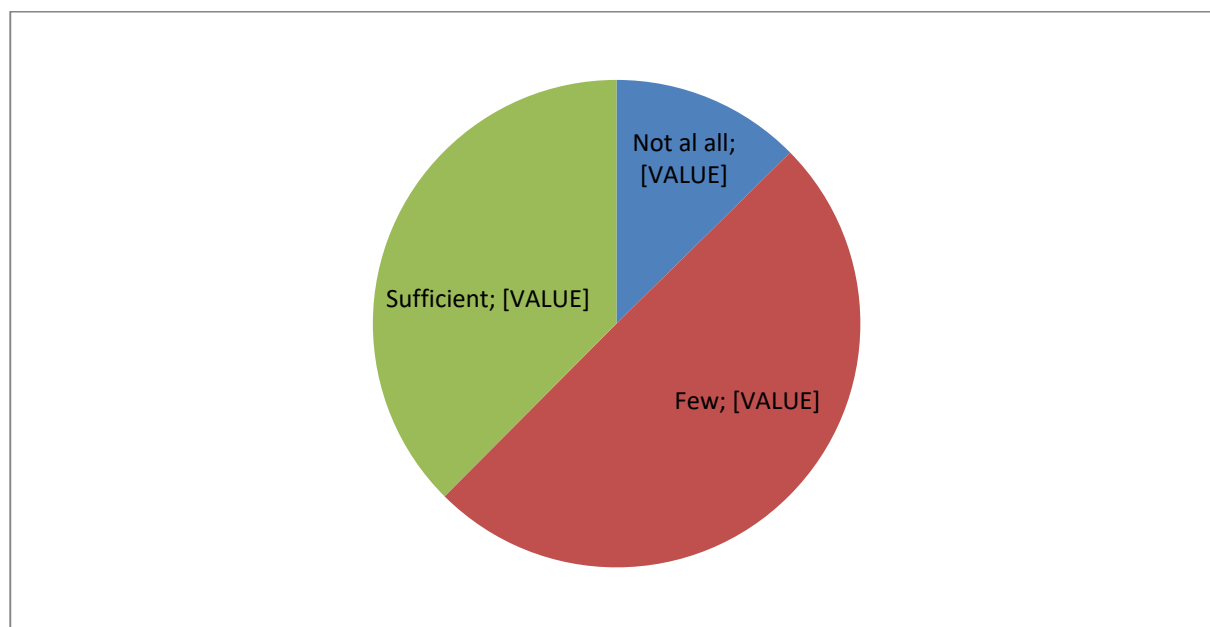


Figure 3. The amount of Information students get in schools on sexually transmitted infections.

From the analysis carried out, we wanted to ask why there was not enough information about sexually transmitted infections in schools, the answers are as follows: we had few lessons in the subject where we learned about sexually transmitted infections 128 or (55.4%), we did not treat it at all as a topic at school 39 or (16.9%), the teacher refused to speak 5 or (2.2%), other 59 or (25.5%), (Figure 4).

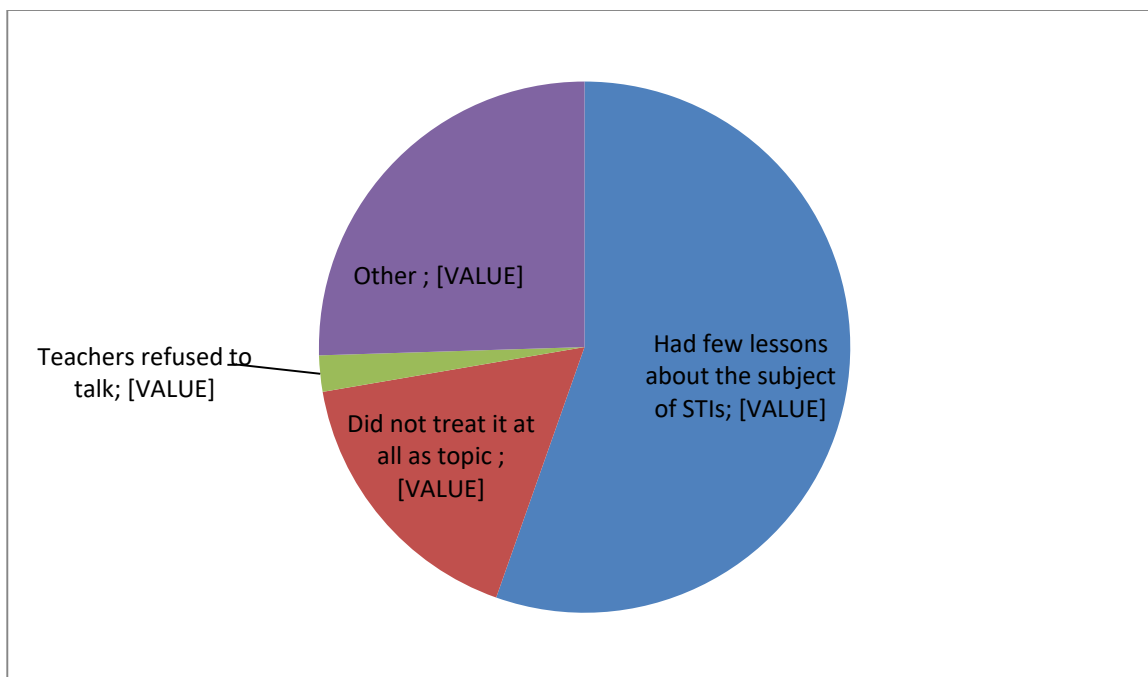


Figure 4. Assessment of why there was not enough information in schools about sexually transmitted infections

As to whether they should learn about sexually transmitted infections at school, the answers are: yes 228 or (90.5%), no 0% , I don't know 23 or (9.1%), (Figure 5)

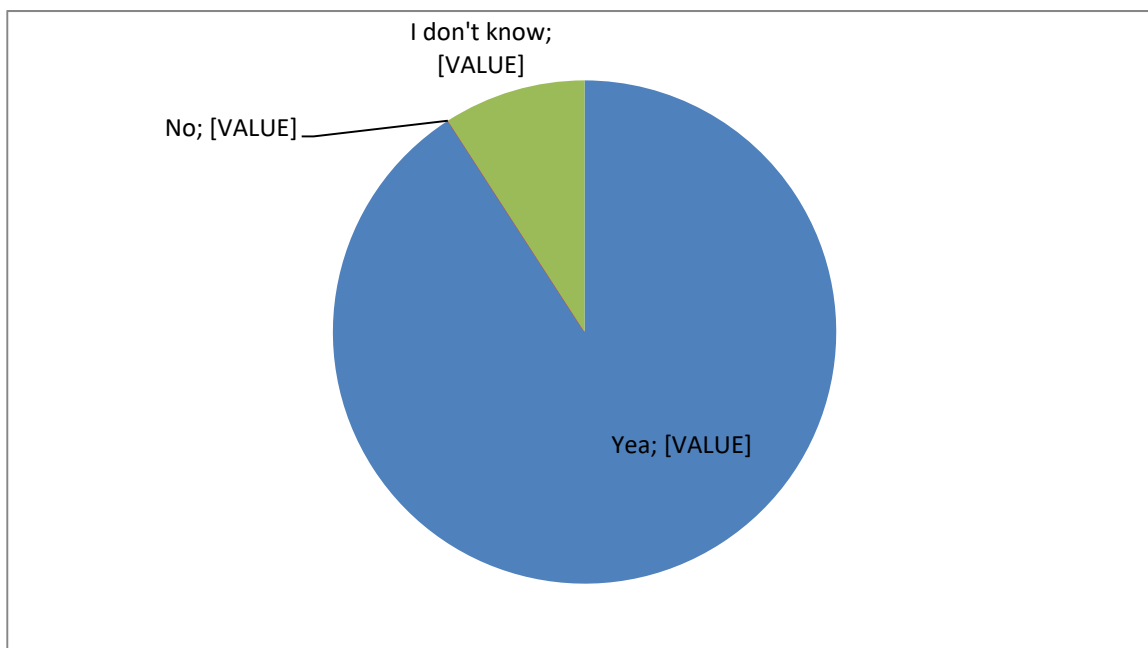


Figure 5. Evaluation of teaching in schools about sexually transmitted infections

Students were asked what sexually transmitted infections are, the answers are as follows: STIs are all infections caused by pathogenic microbiological agents 10 or (4%), STIs are incurable 10 or (4%), STIs are infections that are transmitted through sexual contact but there are also other forms of receiving them 230 or (92.2%), (Figure 6).

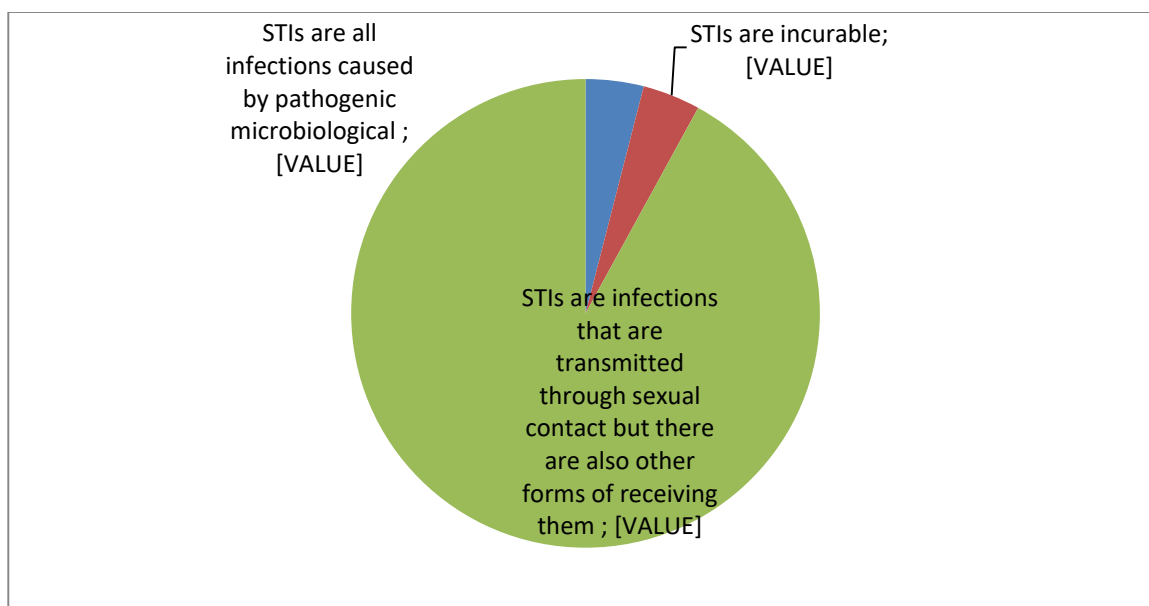


Figure 6. Assessment of what sexually transmitted infections are

From the Figure below we could observe how the students think which of the options are sexually transmitted infections, the answers are: HIV, hepatitis B, hepatitis C 106 or (43.3%), syphilis, gonorrhea 40 or (16.3%), chlamydia, genital warts 4 or (1.6%), all 95 or (38.8%), (Figure 7).

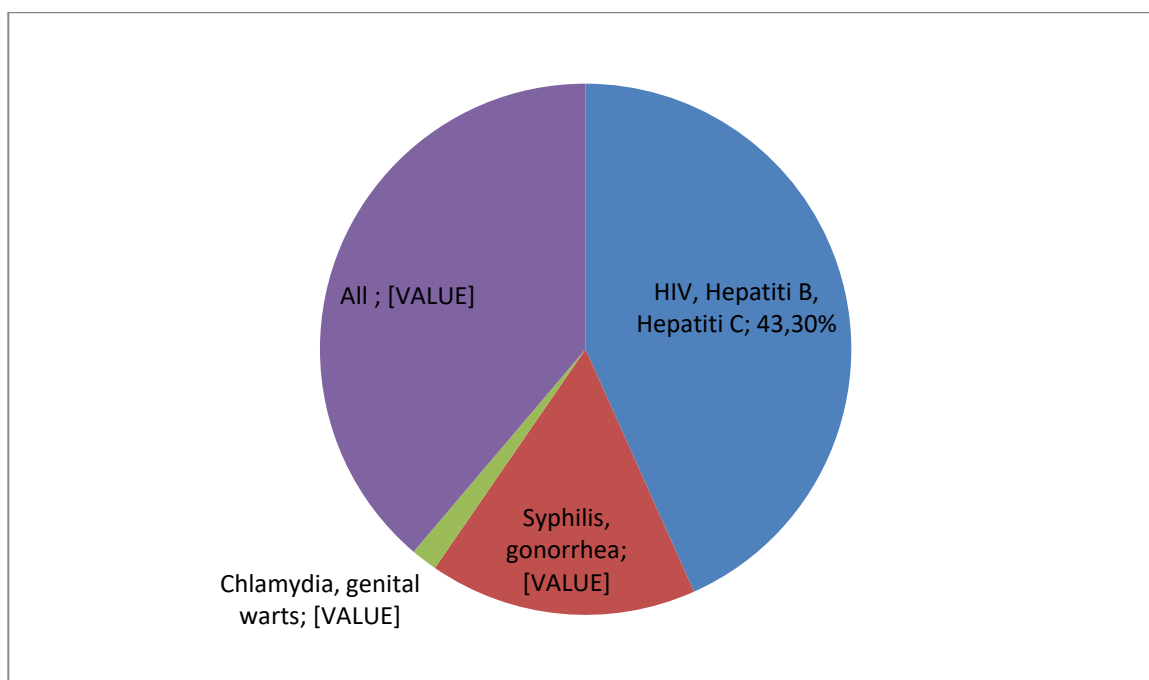


Figure 7. Assessment of sexually transmitted infections

In the question on how can you get a sexually transmitted infection, the answers are: through sexual contact 156 or (62.2%), in some cases skin to skin 1 or (0.4%), contact with open wounds, genital acne 4 or (1.6%), all forms mentioned above 90 or (35.9%), (Figure 8)

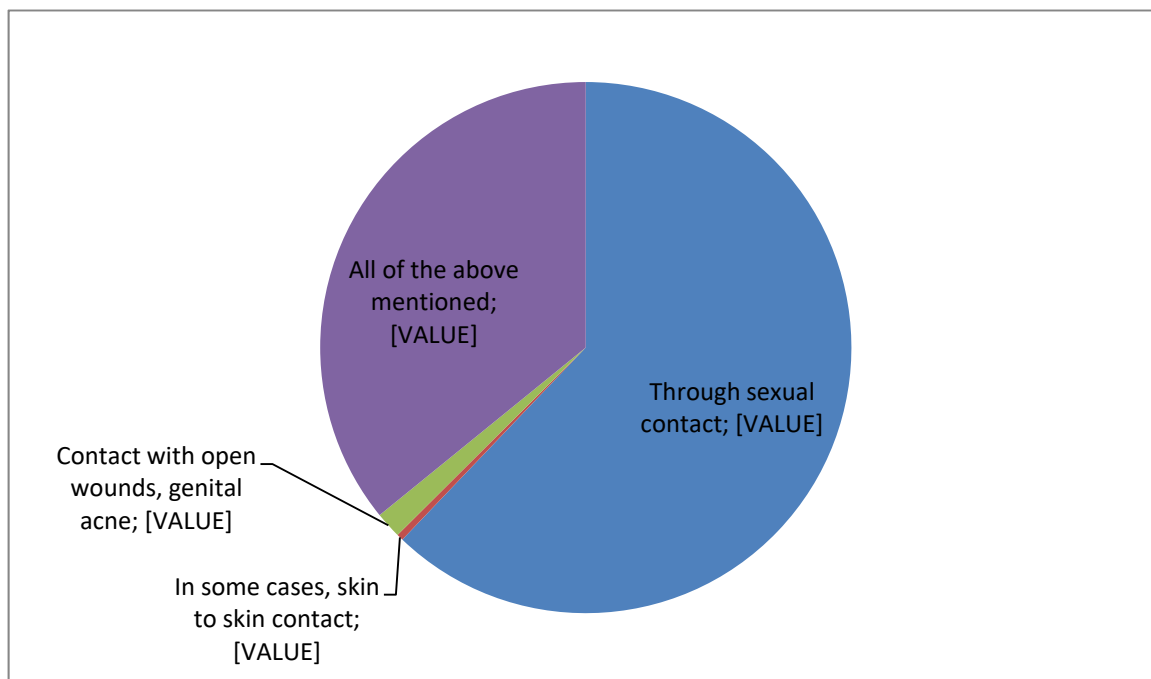


Figure 8. Assessment of how sexually transmitted infections are acquired

The next goal was to understand if students think people can get infected with a single sexual contact, the answers are as follows: yes we can get infected 120 times (47.6%), no we cannot get infected 8 or (3.2%), maybe 95 or (37.7%) , don't know 20 or (11.5%), (Figure 9)

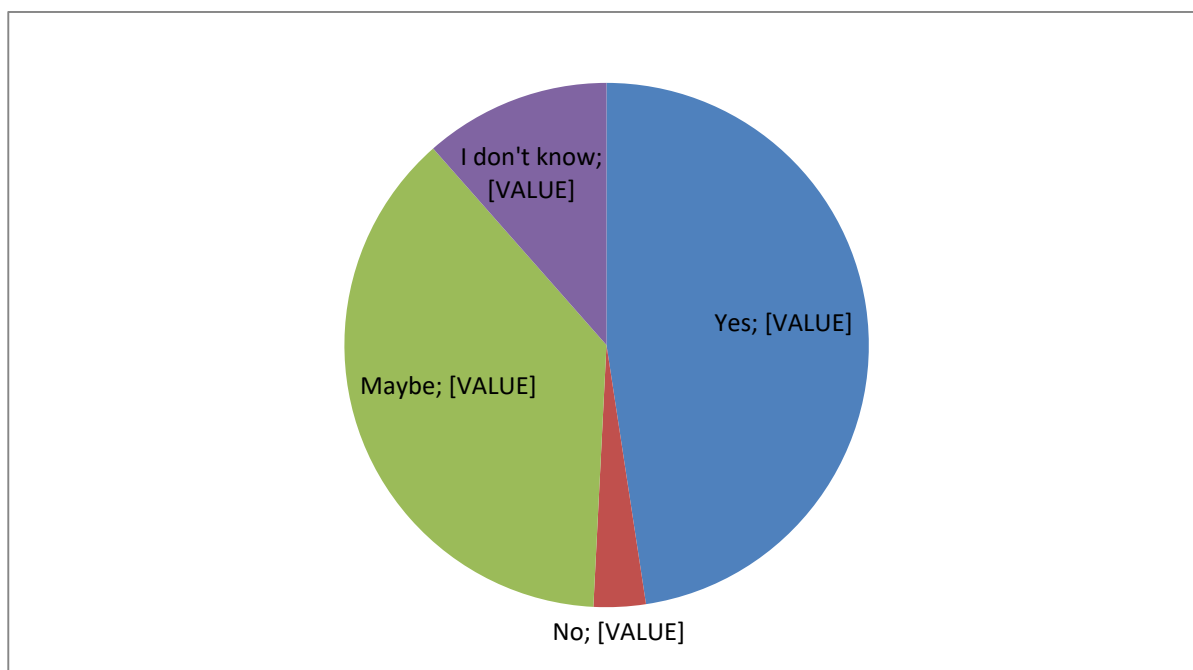


Figure 9. Chance of infection with a single contact

As to whether they have ever had sexual relationships, the answers are: yes 19 or (7.5%), no 199 or (78.7%), I don't want to answer 35 or (13.8%), (Figure 10).

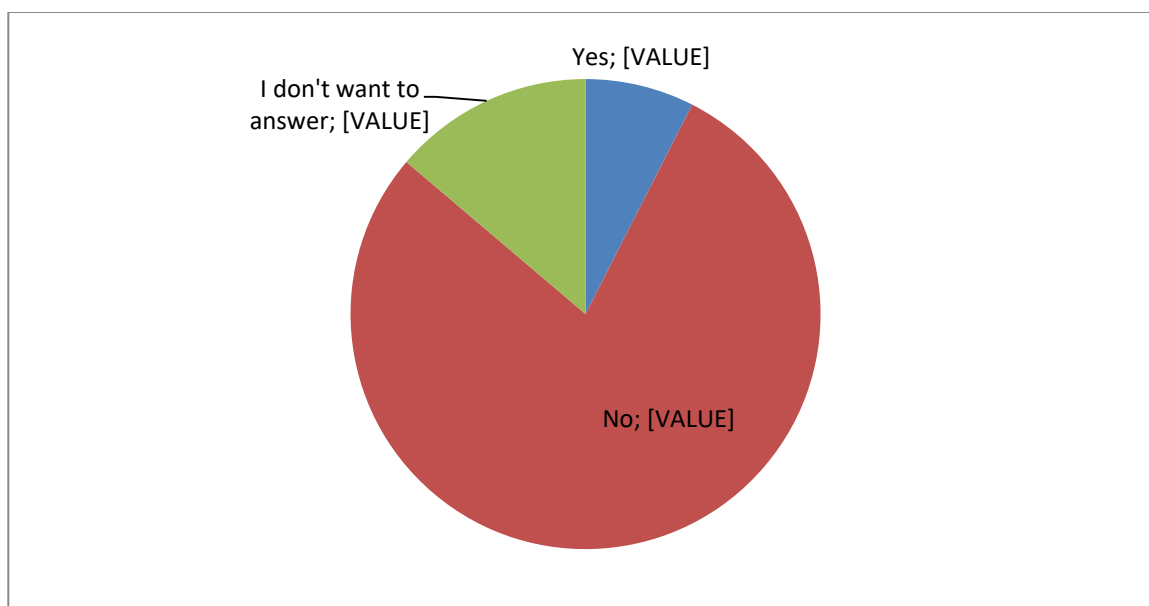


Figure 10. Sexual relationships of young people

From the answers we investigated the knowledge of the young people on the use of contraceptives, the answers are as follows: not at all 74 or (29.6%), few 114 or (45.6%), sufficient 62 or (24.8%), (Figure 11)

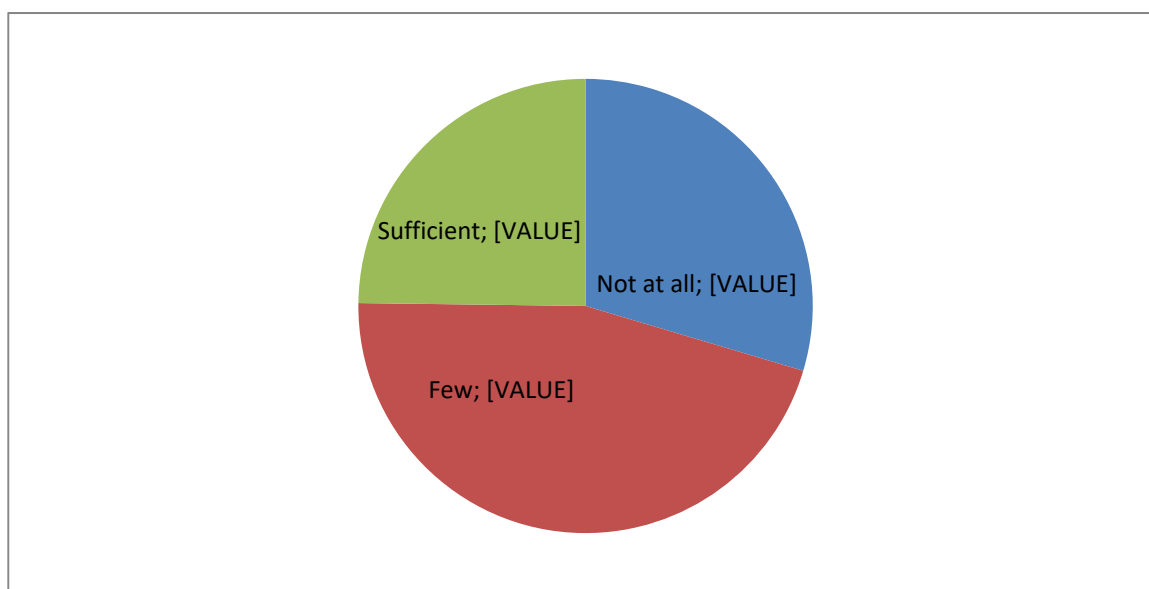


Figure 11. Knowledge on the use of contraceptives

Would you agree to have sexual relations in the future with someone whose sexual health you do not have information about, the answers are as follows: yes I would accept 7 or (2.8%), no I would not accept 193 or (76.3%), perhaps 53 or (20.9%), (Figure 12).

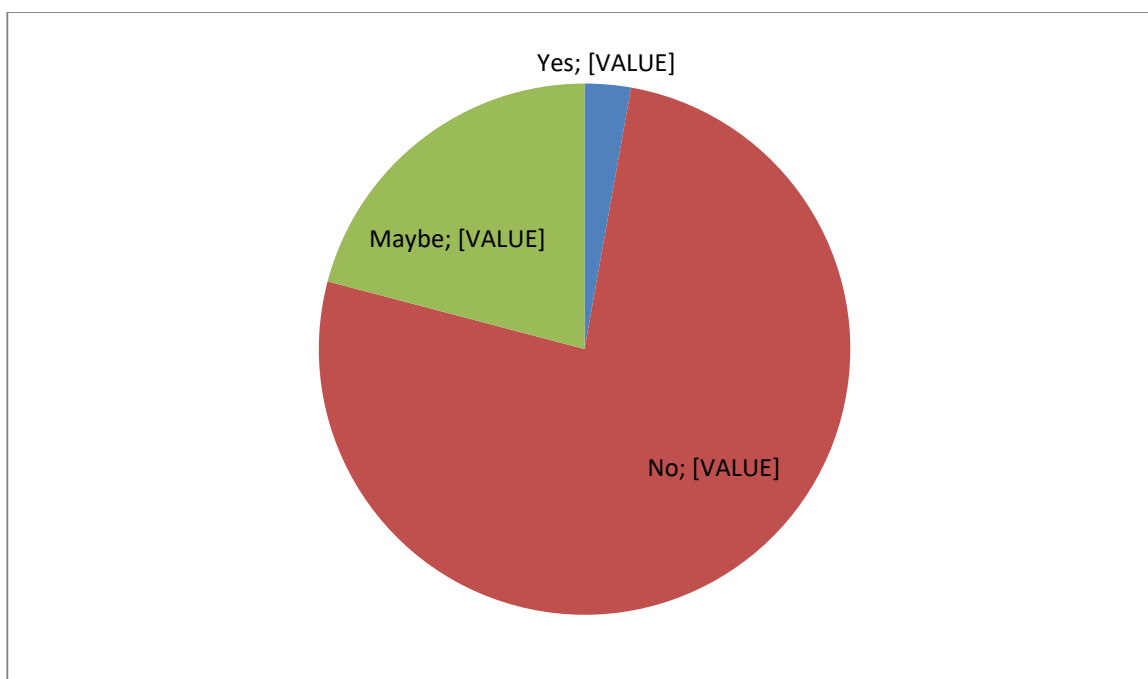


Figure 12. Sexual relations with someone whose sexual health you do not have information about

Based on the results of the analysis carried out on the question of whether you would tell your partner if you were diagnosed with a sexually transmitted infection, the answers are: yes 229 or (90.5%), no 5 or (2%), I don't know 19 or (7.5%), (Figure 13)

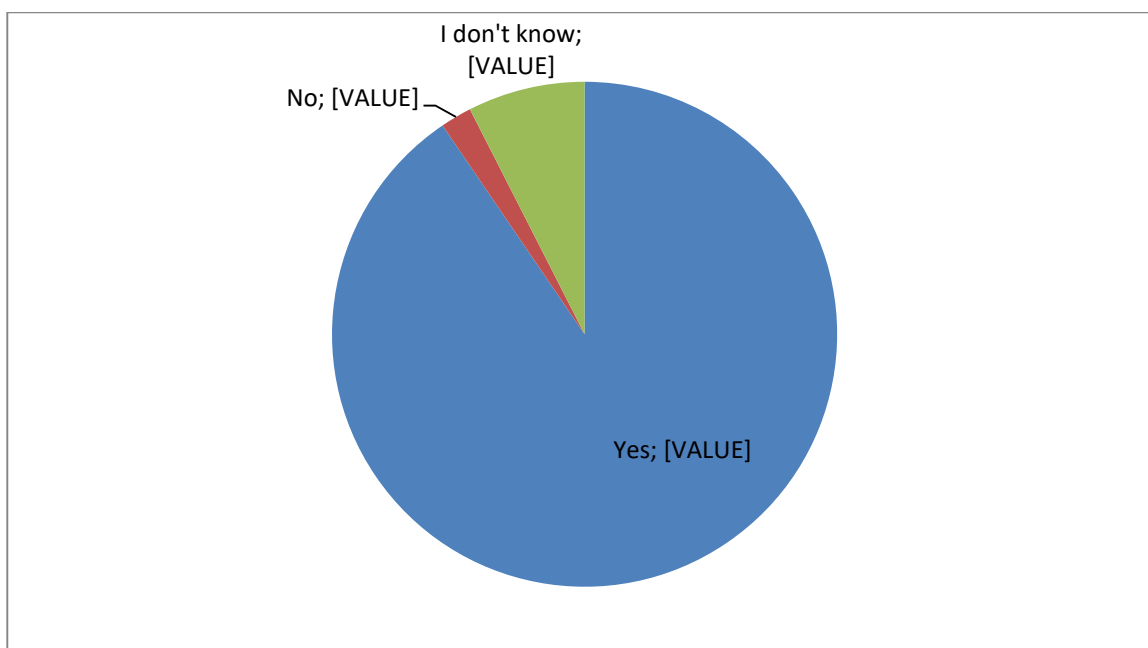


Figure 13. Would you tell your partner if you had been diagnosed with a sexually transmitted infection?

Do you think sexually transmitted infections are present at your age, the answers are: yes 107 or (42.3%), no 23 or (9.1%), I have no idea 123 or (48.6%), (Figure 14).

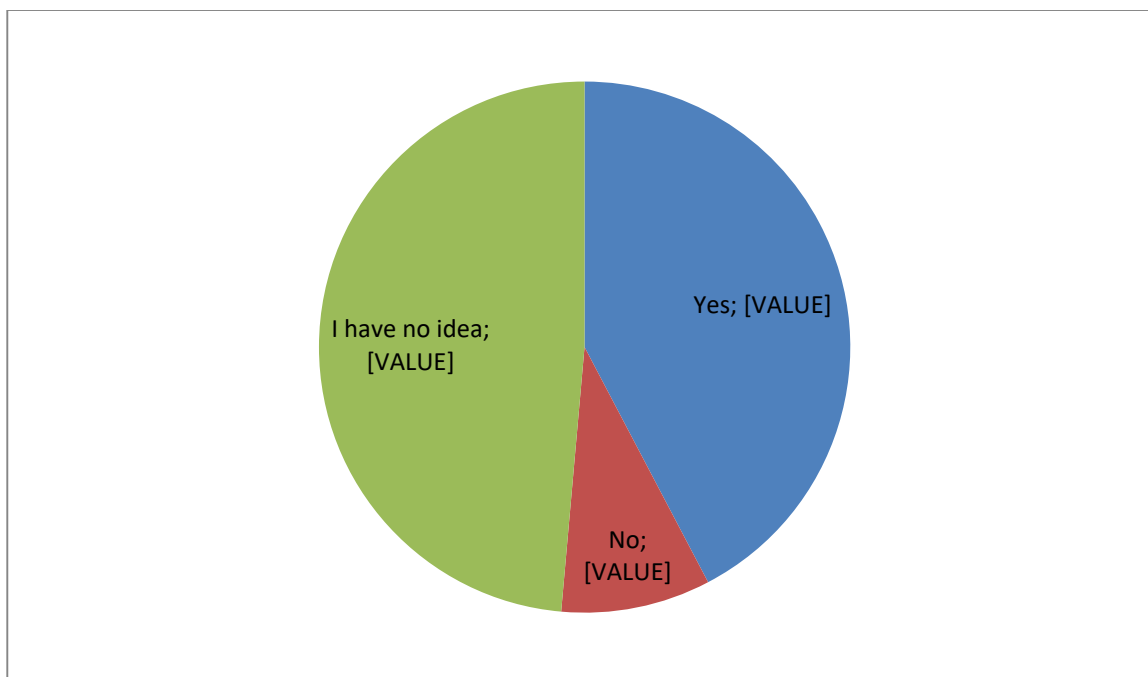


Figure 14. Assessment of the presence of sexually transmitted infections at a young age

Based on the analysis carried out, we see the knowledge of young people about diagnostic tests for sexually transmitted infections, the answers are as follows: yes 118 or (47%) no 24 or (9.6%), I don't know 109 or (43.4%), (Figure 15)

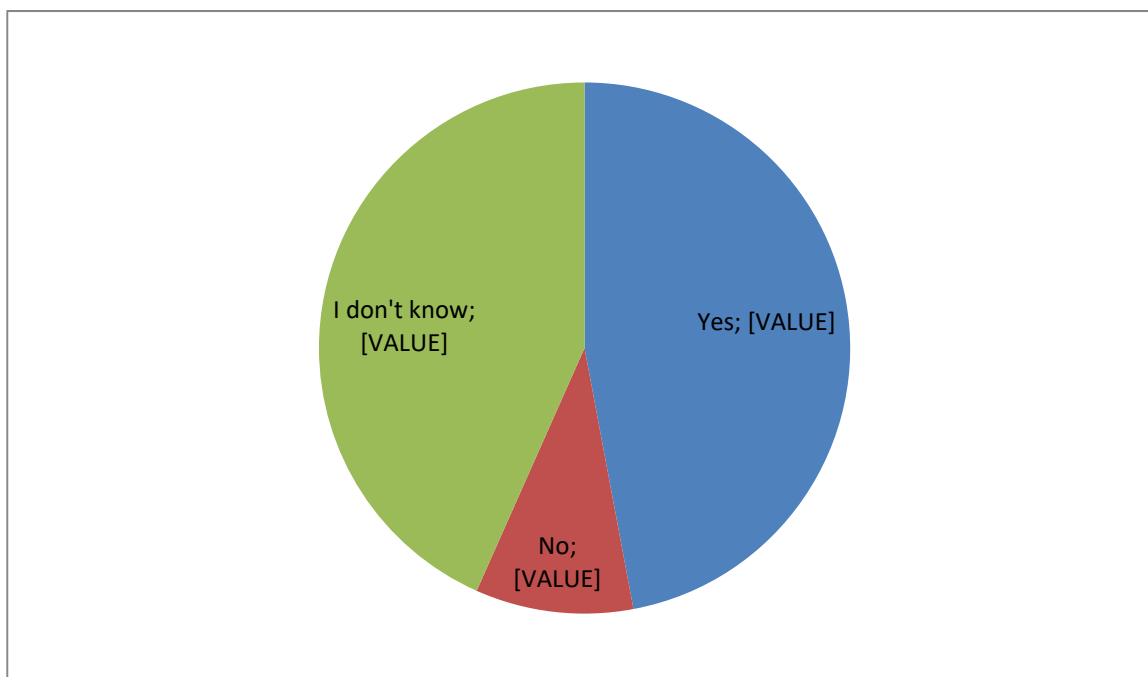


Figure 15. Knowledge on diagnostic tests for sexually transmitted infections

According to the analysis carried out, the results of the study have given an answer to the question "should the issue of sexual health be discussed more among young people in our society", the answers are as follows: yes, 98 or (38.7%), no, there is no need 3 or (1.2%), I think that this is a taboo topic and should not be discussed in our society 3 or (1.2%), definitely because we have a lack of information on sexual health in our society 149 or (58.9%), with this result confirms the second hypothesis raised that young people think that sexual health issues should be discussed more in our society (Figure 16).

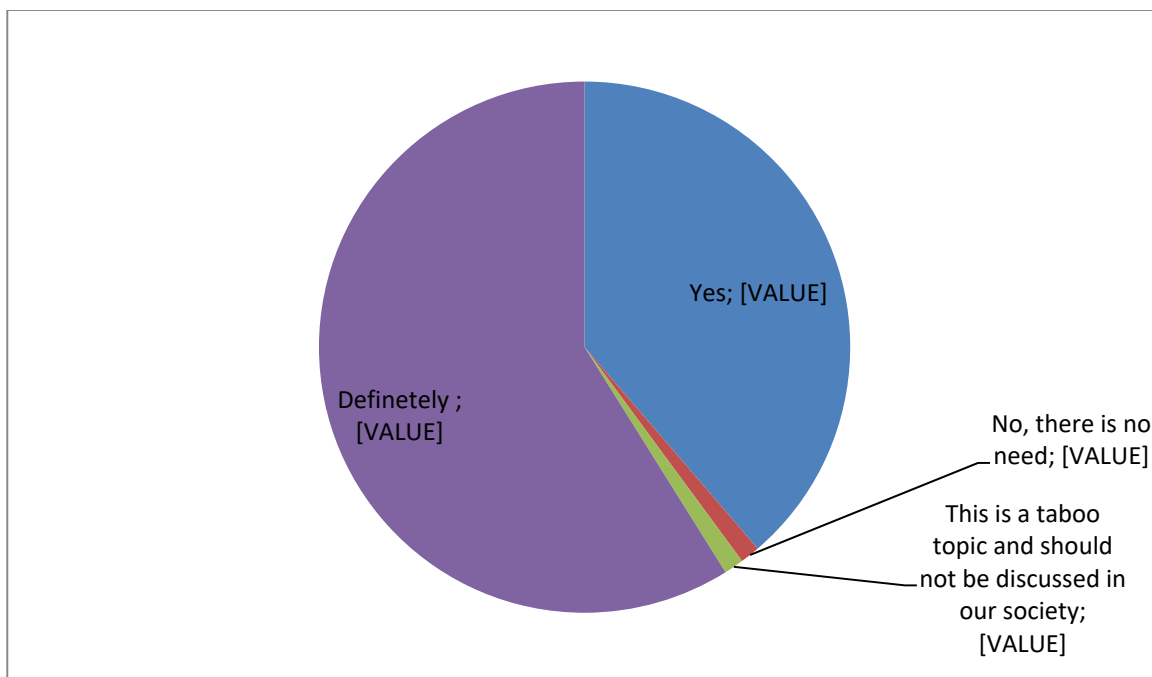


Figure 16. Discussions among young people about the issue of sexual health in our society

In the question of whether you would like to learn more about sexually transmitted infections, the answers are: yes 210 or (84%), no I don't want 9 or (3.6%), I have enough information 31 or (12.4%), (Figure 17).

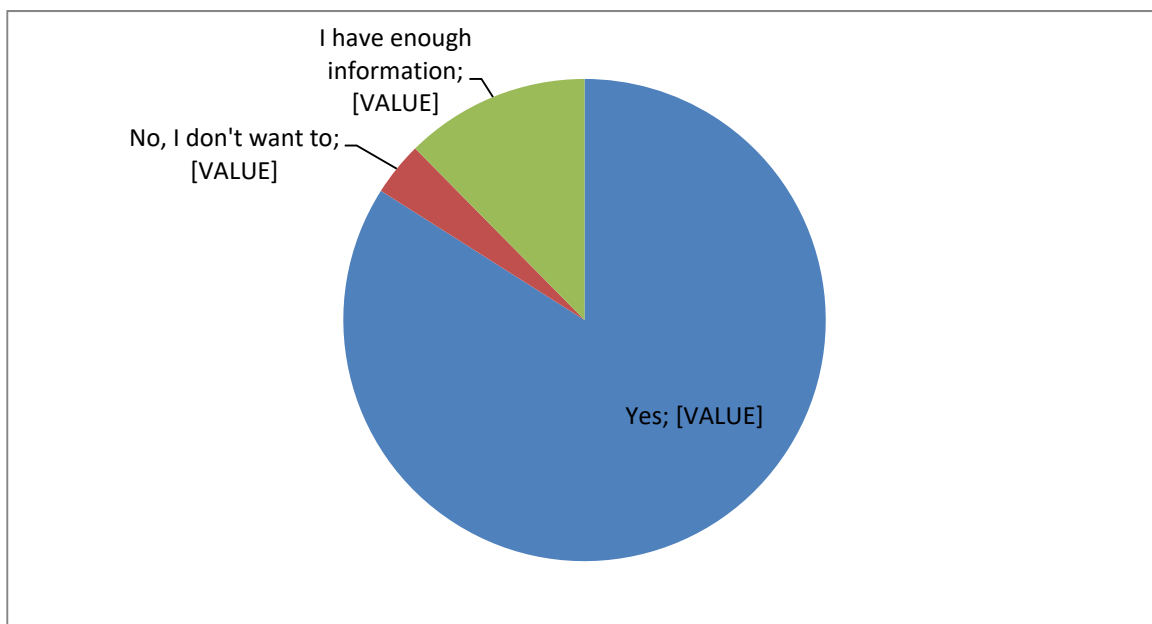


Figure 17. Question of whether you would like to learn more about sexually transmitted infections

V. DISCUSSION AND CONCLUSION

Based on the results, we can conclude that the knowledge of young people on sexually transmitted infections was sufficient. Thus, this result did not support our hypothesis that young people lack knowledge about sexually transmitted infections.

Moreover, we noticed that young people think that sexual health should be discussed more in our society, the majority of responses were mainly that sexual health should be discussed more in our society. This result confirms the second hypothesis which was raised whether young people think that sexual health should be discussed more in our society or not.

After collecting the data, analyzing and presenting the results, we can conclude that:

- The majority of young people reported that they get the information from school and social networks.
- A good part of young people think that they talk few at school about sexually transmitted infections.
- From the analysis carried out, we could notice that the few hours at school in the subjects where young people have learned about sexually transmitted infections has caused that the information in schools about STIs to be not sufficient.
- The majority of young people think that sexually transmitted infections should be taught in schools.
- Most of the young students think that sexually transmitted infections are infections that are transmitted through sexual contact, but there are also other forms of their transmission. And that a single sexual contact can be enough to get STIs.
- From the analysis carried out, we could observe that in the question of what sexually transmitted infections are, most think that they are only HIV, hepatitis B, hepatitis C.
- A significant part of young people declare that they have not had sexual relations.
- However, the knowledge on contraceptives was few to none.

Most young people claim that they would not agree to have sexual relationships with someone whose information on sexual health is not clear.

- While assessing whether you would tell your partner if you were diagnosed with a sexually transmitted infection, most of the answers were positive.
- A large part of young people have no idea that there are sexually transmitted infections at a young age.
- A considerable majority reported that they are aware that there are diagnostic tests for sexually transmitted infections.
- The second hypothesis raised can be said to be fulfilled in a general way. What is noticed is that young people think that sexual health should be discussed more in our society and most of the young people in the study state that they would like to learn more about sexually transmitted infections.

Taken together, our results suggest that continuous training should be organized in the field of teacher-student communication, in order to improve teaching performance in this aspect.

The inclusion of sex education in schools at all levels of pre-university education, to ensure the continued education of young people on sexual health. Furthermore, treating social workers in schools to focus on the emotional, intellectual and physical aspects of sexual health would be essential.

It would also be fruitful if teachers, parents, health workers discussed with young people more about sexual health.

And lastly, creating special awareness offices in schools and centers for counseling and treatment would highly increase the information and thus the prevention of young people affected by STIs.

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