



TO STUDY THE AWARENESS AND KNOWLEDGE ABOUT SEXUALLY TRANSMITTED INFECTIONS

Dr. Pabitwar Sainath Ramnath¹, Dr. Ranjit Ambad²

¹Associate Professor Dept. of Dermatology Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha

²Associate Professor Dept. of Biochemistry Jawaharlal Nehru Medical College, Sawangi (Meghe), Wardha

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Corresponding author: Dr. Pabitwar Sainath Ramnath

ABSTRACT

BACKGROUND: In addition to medical issues, patients with sexually transmitted infections (STIs) can experience a range of psychological issues. Having information and awareness of STIs may enable people to take preventative action. Thus, the current study set out to create and assess a contemporary, comprehensive STI awareness and knowledge scale. Reviewing the literature, holding focus groups with participants, gathering data from the assessment and review of STI experts, completing item and factor analyses, evaluating test-retest and internal consistency reliability, and obtaining proof of the measure's predictive validity were all done. In contemporary society, there are many stigmas linked to sexual behavior and STIs. The study sought to clarify the behavioral patterns of STI patients on affect, satisfaction with life, emotional approach coping, perceived stress, and depression in relation to awareness and knowledge related to STI in the Indian cultural context, particularly in the Eastern zone of the Indian Union, in order to address the psychological issues.

AIM: This study was carried out to Awareness and knowledge about sexually transmitted infections

MATERIAL AND METHOD: The Department of Dermatology carried out this cross-sectional observational study. cases of STIs with signed consent and diagnoses made through lab and clinical means, as well as meeting the inclusive and exclusive requirements. Variables such as gender, age, marital status, level of education, place of residence (rural or urban), occupation, religion, classification, and family structure are meticulously documented. Independent variables include mindful attention awareness, STI awareness, and knowledge. Dependent variables include depression, affect, life satisfaction, emotional coping strategies, and perception of stress.

RESULTS: For the purposes of this study, 300 cases in total were initially registered. Lastly, the trial comprised 250 patients. A total of 50 cases, comprising 20 cases of genital molluscum contagiosum and 30 cases of mixed infections, were eliminated from the study due to the small sample size, which makes parametric inferential analysis not useful. For this study patients were divided into four categories: syphilis (N = 40), genital herpes (N = 80), genital warts (N = 75), and genital discharge (N = 55). The demographic profiles of the whole STI patients (N = 250) are shown in Table - 1. The majority of patients were males (60.0%) and married (71.2%). The commonest age group was 26-40 years followed by 15-25 years. With respect to educational qualifications, most of the patients were graduates and above (60.0%).

CONCLUSION: It was discovered that the self-developed awareness/knowledge scale was trustworthy. Most of the patients were men, with a graduate degree or above. Many patients had sufficient awareness or information regarding sexually transmitted infections. Other than knowledge, life happiness, and somatic depression, there was no discernible difference between the sexes on any of the study's factors. Compared to syphilis and genital discharge patients, patients with genital herpes and genital warts reported more negative effects, perceived stress, and

depression. Patients with syphilis and vaginal discharge knew more than those with genital warts and herpes, but not as much.

KEYWORDS: Sexually Transmitted Diseases, Genital Discharge and Genital Herpes

Introduction

The term "sexually transmitted diseases" (STDs) refers to a large category of contemporary pathogens, such as bacteria, fungi, viruses, and protozoa, that can cause a wide range of clinical symptoms. The mode of transmission and acquisition—human sexual relations—is the common factor. The historical studies of these diseases are difficult because many of them, including chlamydia and human papillomavirus (HPV), were only recently discovered as part of the late twentieth-century boom of biomedical research. Historians encounter two challenges when attempting to trace the origins of these illnesses.¹

The early 20th century laboratory revolution significantly altered the understanding of disease as the consequence of a particular, underlying causative agent. When the French sickness outbreak began in 1496, the illness was thought to be brought on by an imbalance of humor in the body, which might be brought on by alterations in daily routine, diet, atmospheric conditions, and climate. Europeans generated a number of ideas regarding the origins of what they believed to be a new sickness, or at least a new epidemic, by contextualizing descriptions of the disease within their historical background.²

One of the main health issues, both in developed and developing nations, is sexually transmitted infections (STIs). Two approaches to the history of disease are revealed by a critical analysis of the social and ecological history of the illness: the history of modern pathogens and the history of disease perceptions. These may not appear to be very similar, but when the advantages of each are combined, a more comprehensive picture of the relationships between human civilizations and their ecological surroundings is created. The biological aspects of disease, including their effects on quality, are frequently overlooked in historical accounts of disease perception. A social and ecological approach to the history of disease could build on the strengths of various

disciplines and provide more insights into the dynamic interactions between human populations and sexually transmitted infections.³

A person's cognitive and emotive assessments of their life are considered indicators of their well-being.⁴ The cognitive component is one's perception of their level of life satisfaction both generally (life as a whole) and specifically (in particular spheres of life like relationships and employment). The term "affective element" describes feelings, moods, and emotions. When pleasant emotions, moods, and sentiments are experienced (such as joy, happiness, affection, etc.), the effect is deemed positive. However, when unpleasant emotions, moods, or sentiments are felt (such as guilt, rage, embarrassment, etc.), the influence is considered negative. All things considered, well-being is a condition of favorable results; it encompasses assessments of overall life satisfaction as well as emotions ranging from happiness to sadness.⁵

The characteristic or state of being aware, the perception of knowledge or of a situation or reality, and demonstrating acute perception and quick comprehension are all considered aspects of awareness.^{6,7,8}

Examining the correlations among the research variables (and deriving the fracture structure) and determining the predictability of psychological health and well-being, component by component, by awareness, STI knowledge, and mindful attentive awareness. To determine the effects on measures of the dependent variables: affect (positive and negative), satisfaction with life, emotional approach coping, perception of stress and depression, and the levels of awareness related to STIs (low and high scorers), along with the four STIs groups (syphilis, genital herpes, genital warts, and genital discharge). Similarly, the study intends to demonstrate how the four STI groups independently affect the dependent variable measurements, as well as the effects of

knowledge and mindful attentive awareness levels.

MATERIAL AND METHODS

The Department of Dermatology carried out this cross-sectional observational study. cases of STIs with signed consent and diagnoses made through lab and clinical means, as well as meeting the inclusive and exclusive requirements. Variables such as gender, age, marital status, level of education, place of residence (rural or urban), occupation, religion, classification, and family structure are meticulously documented. Independent variables include mindful attention awareness, STI awareness, and knowledge. Dependent variables include affective coping strategies, depression, stress perception, and life satisfaction.

Inclusion Criteria:

- Patients suffering from STIs.
- Age group: 15-70 years of both sexes.
- Written consent was taken from every patient and for the minors, the consent of their parents was taken.

Exclusion Criteria:

- Patients suffering from any other genital dermatological conditions.
- Mentally ill and venereophobic patients.
- Any systemic illness.
- HIV-infected patients

For the purposes of this study, 300 cases in total were initially registered. Lastly, the trial comprised 250 patients. A total of 50 cases, comprising 20 cases of genital molluscum contagiosum and 30 cases of mixed infections, were eliminated from the study due to the small sample size, which makes parametric inferential analysis not useful. Patients were grouped into four groups for this study: vaginal discharge (N = 55), genital herpes (N = 80), genital warts (N = 75), and syphilis (N = 40).

Awareness/Knowledge Scale Related to Sexually Transmitted Infections

The purpose of the study was to create and evaluate a psychometric awareness and knowledge scale about sexually transmitted illnesses (STIs). Given that there is a clear distinction between awareness and knowledge of anything, it was intended to combine both

theoretical constructions of "awareness" and "knowledge." "Awareness" is defined as (a) displaying enhanced perception, quick comprehension, and appreciation, and (b) the condition or quality of being aware, according to Webster's International Dictionary. However, "knowledge" is defined as the state or fact of having a significant level of familiarity with something or someone through experience, interaction, or affiliation with that person or thing. To put it another way, knowledge is experiencing, whereas awareness is cerebral. To be aware is only to have a notion or a concept about something in one's head. A person does not necessarily know something just because they have been told it.

Mindful Attention Awareness Scale⁹

The author's own experiences and knowledge of mindfulness, as well as published works on mindfulness and attention, as well as existing scales that evaluate the conscious states of various forms of mindfulness, served as inspiration for the scale's items. Drafted to capture the feeling of mindfulness and mindlessness in general, as well as in particular everyday situations, the items represent differences in activities' awareness and attention, interpersonal communication, thoughts, emotions, and physical states.

STATISTICAL ANALYSIS

The responses were received through the behavioral measures of the scales. Data were entered into an MS Excel spreadsheet and were analyzed by using statistical analysis by employing sixteen versions of Statistical Packages for Social Sciences (SPSS, 16) by importing the Excel spreadsheet into SPSS 16.

RESULT: -

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Table 1: Demographic profiles of STI patients (N = 250)

Demographic Variables	Numbers	%
Gender		
Male	150	60.00
Female	100	40.00
Marital Status		
Married	178	71.2
Unmarried	72	28.8
Age Range (in years)		
15 - 25	90	36.00
26 - 40	140	56.00
>40	20	08.00
Educational Qualification		
Up to primary school	20	08.00
Middle to intermediate school	80	32.00
Graduate	115	46.00
Post Graduate and above	35	14.00
Residence		
Rural	173	69.2
Urban	77	30.8
Religion		
Hindu	174	69.6
Muslim	76	30.4
Family Structure		
Nuclear	100	40.0
Joint	150	60.0
Category		
General	135	54.0
OBC	70	28.0
SC/ST	45	18.0
Profession		
Labor/Taxi Driver	25	10.0
Farmer	08	3.2
Student	80	32.0
Homemaker	50	20.0
Government/Private service	45	18.0
Self-employed	42	16.8
Diseases		
Syphilis	45	18.0
Genital herpes	115	46.0
Genital warts	60	24.0
Genital discharge: urethral & vaginal	30	12.0

Table 1 displays the demographic features of all 250 patients with STIs. Males made up 60.0% of the patient population, and 71.2% of them were married. The most prevalent age group was between the ages of 15 and 25. In terms of educational background, the majority of patients (60.0%) had completed college or above. The majority of our patients (60.0%) belonged to joint family structures,

69.6% were Hindus, and 69.2% were from rural backgrounds. Patients in the profession-wise category are primarily students (32.0%), followed by government and private service classes (18.0%). The most common STI category was genital herpes (46.0%), which was followed by syphilis (18.0%), genital warts (24.0%), and genital discharge (12.0%).

Table 2: The study variables for the 4 - STI groups

Study Variables	Syphilis (N = 40) (Mean ± SD)	Genital Herpes (N = 80) (Mean ± SD)	Genital Warts (N = 75) (Mean ± SD)	Genital Discharge (N = 55) (Mean ± SD)
Awareness	4.19 ± 0.88	4.22 ± 1.11	4.48 ± 1.02	4.37 ± 0.93
Knowledge	3.13 ± 0.72	2.55 ± 1.03	2.63 ± 1.04	2.92 ± 0.90
Mindful attention awareness	10.51 ± 1.44	10.63 ± 1.77	10.16 ± 1.60	10.25 ± 1.89
Negative affect	8.19 ± 1.84	8.79 ± 1.21	8.53 ± 1.29	7.84 ± 1.66
Positive affect	9.47 ± 1.38	9.36 ± 1.20	9.14 ± 1.02	9.71 ± 1.31
Satisfaction with life	7.81 ± 1.10	6.82 ± 1.28	6.86 ± 1.13	8.03 ± 1.02
Emotional approach coping	7.02 ± 1.37	7.11 ± 1.30	7.18 ± 1.28	7.22 ± 1.33
Perceived stress	9.05 ± 1.39	9.48 ± 0.76	9.13 ± 1.32	9.02 ± 1.13
Cognitive affective	8.68 ± 1.33	9.53 ± 1.14	9.52 ± 1.11	9.24 ± 1.42
Somatic depression	4.66 ± 1.10	5.10 ± 0.74	5.20 ± 0.44	4.76 ± 1.08
Overall depression	8.31 ± 1.34	10.11 ± 1.13	10.22 ± 1.17	9.55 ± 1.56

Separate analyses were conducted on the gender impacts on the different aspects of the research variables of patients with (i) syphilis, (ii) genital herpes, (iii) genital warts, and (iv) genital discharge. The gender variable was aggregated under each of the four categories of STIs, and the results were further examined, as these rare and infrequent cases of substantial gender effects do not support the gender variable's inclusion in assessing the predictive validity of the test scores.

DISCUSSION

There seems to be a significant health issue with sexually transmitted diseases (STIs) in both industrialized and developing nations. Although certain of the microorganisms that cause STIs, including the Human Immunodeficiency Virus (HIV) and Syphilis, can be transferred from mother to child during pregnancy and childbirth, as well as through blood products and tissue transfer, the main way that STIs are spread is through person-to-person contact.^{10,11} STIs are widespread, varied, and harmful to health. They include viral infections like HIV that can be fatal and currently have no treatment, as well as bacterial illnesses that are treatable once identified. For millions of people, STIs can result in serious medical and psychological problems as well as infertility, disability, and even death. The age group of 15–35 years old in metropolitan areas exhibits the highest incidence.¹²

Together, awareness and knowledge scales have been used to specific age groups among the general population, but not to those afflicted with sexually transmitted infections. The

identical items for measuring awareness and knowledge have been mentioned in those scales. Knowledge and awareness are not the same thing. Experiences are the source of knowledge, and awareness is merely the perception of it. Research on health professionals and students' awareness, knowledge, and attitudes around STIs suggests that educational intervention can help close the knowledge and attitude gaps as well as the negative attitudes toward infections.^{13,14}

When it came to somatic depression in genital herpes patients, men indicated much more somatic depression than women, and females showed significantly higher satisfaction with life scores than males. Since most females with genital herpes have a male partner or husband who has also lesioned herpes, this could be the reason why the female with genital herpes is happier with life. Because herpetic lesions in females are primarily located on the cervix and occasionally on the proximal region of the vaginal wall, the male's female partners or wife may not have herpes on their external genitalia. These observations are contrary to **Dibble and Swanson 2000**¹⁵ who reported increased depression in men. They found that women were more likely to have depression when they experienced stress symptoms from genital herpes, increased anger, decreased vitality, increased bewilderment, and a negative attitude toward herpes.

The process of placing oneself in the category of individuals with a sexually transmitted infection and melding that stereotype with existing thoughts about oneself is challenging

Perrin et al., 2006¹⁶. Many adopt the view that they were now dirty, undesirable, stigmatized, and less attractive **Melville et al., 2003**¹⁷. The process of blending this new information was easier for individuals who did not hold strong prejudices or stereotypes regarding individuals who acquired STIs prior to their diagnosis **Hammarlund et al., 2007**¹⁸.

Watson and Pennebaker 1989¹⁹ examined the relationship between negative affect and physical health, conceptualizing negative affect as an umbrella for a range of negative mood states, such as anger, disgust, fear, scorn, and depression. **Cohen and Rodriguez 1995**²⁰ drew upon a broad research base to form a model connecting affective distress and physical disorders through biological, behavioral, cognitive, and social pathways. One's social support system may suffer as a result of the affective disturbance since the person may become more asocial and aggressive and avoid social situations.

Previous research in this area reveals that negative emotion also activates the sympathetic-adrenal-medullary system and the hypothalamic-pituitary-adrenocortical axis, two biological pathways. Both routes are linked to increased physiological reactions that may be harmful to a person's physical health, including elevated blood pressure, heart rate, adrenaline, and cortisol levels.²⁰

Grossman and colleagues 2004²¹ and **Baer 2003**²² in their meta-analytic analysis examined the mean effect (size d) for mental health, which included such outcomes as psychological well-being, depression, anxiety, sleep, and affective perception of pain. They found a significant D value of 0.54 for mindfulness meditation groups as compared to control groups on such variables.

CONCLUSION:

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