INTRODUCTION

Adolescence is the age of curiosity. Teenagers are naturally will be aware off their bodies and about the world. Today as their bodies get maturity become much earlier. Studies have proved the age of starting menstruation has come down to age nine or ten, also find information about sex. The internet and television is being squarely blamed for increasing sexual awareness. News paper and magazines too have been found to be major influence. STDs affect men and women of all ages and backgrounds, including children. STDs affect men and women of all ages and backgrounds, including children. Studies have proved the age of starting menstruation has come down to age nine or ten, also find information about sex. The internet and television is being squarely blamed for increasing sexual awareness. News paper and magazines too have been found to be major influence.

Background of the study

Over the period 1985-1996, a general decrease of gonorrhoea, syphilis and chlamydia infections was noted in developed countries, both in the general population and among adolescents. From the mid-1990s however, increases in the diagnoses of sexually transmitted diseases, in particular syphilis, gonorrhoea and chlamydia have been reported in several European countries, especially among teenagers 16-19 years old. The declining age of first sexual intercourse has been proffered as one possible explanation for the increase in numbers of STDs. According to data from different European countries, the average age of first sexual intercourse has decreased over the last three decades, with increasing proportions of adolescents reporting sexual activity before the age of 16 years.

Need for the study

According to M. Mizanur Rahman, M. Kabir, M. Shahidullah study on adolescent knowledge and awareness about AIDS/HIV and factors affecting them in Bangladesh. Out of 3362 adolescents, 54.8% did know about AIDS followed by syphilis 32.9%, ulcer ingentilalia 27.1%, gonorrhoea 22.0%, Chlamydia 0.6% and trichomoniasis 0.1%. N Kumarasamy et al (2008) conducted a prospective longitudinal study on “prevalence and incidence of sexually transmitted diseases among South Indians at risk of HIV infection in Chennai, India”. Participants were selected from a STD clinic and a confidential HIV testing and counseling programme. The most common prevalent STDs were Herpes Simplex Virus (HSV-2) infections, syphilis and trichomomas vaginalis. The study revealed that South Indian men and women has a high back ground prevalence of HSV-2. With the highest incidence of

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STDs, targeted prevention and clinical management strategies among individuals practicing high risk behaviors are needed to slow the continued spread of HIV in India.13

Objectives
1. Assess the knowledge regarding sexually transmitted diseases among the adolescents in selected rural areas of Wardha district.
2. To associate knowledge score with selected demographic variables.

Assumption: Knowledge of the adolescent may vary with the demographic variables.

MATERIAL AND METHOD

Study Approach:- Descriptive study.
Study Design:- Descriptive survey design
Setting of the study:- Selected rural areas of Wardha district.
Sample:- 300 adolescents in the age group of 17 years to 20 years.
Sampling technique:- Non probability convenient sampling.

Description of the tool: The structured questionnaire consisted of 2 sections.

Demographic data - It includes the demographic data such as age, sex, educational qualification, educational qualification of father, educational qualification of mother, occupation of father, occupation of mother.

Questionnaire - There are multiple choice questions to assess the knowledge of adolescents regarding sexually transmitted diseases.

RESULTS
The following are the major findings of the study.

Section I:-Demographic Variables

The distribution of samples according to their age depicts that 34.3% of the samples were in the age of 17 years and 27.3% belongs in 18 years of age. 26.7%of the samples were in the age of 19 years and only 11.7% belongs in 20 years of age. Distribution according to their sex reveals that the (49.3%) of the samples were female and 50.7% were male.

Distribution according to their education reveals that the majorities (82%) of the samples were having secondary education and 11% had primary education, 6.7%of the samples were educated with Higher secondary & above and only 0.3% of samples were illiterate. Distribution according to their type of family, illustrates that the majority (79.7%) belongs to nuclear family, (18%) from joint family and only (2.3%) belongs to extended family. Distribution of samples according to education of father shows that (14%) of them were illiterate, (76%) primary educated, 8.3%of them were having education upto secondary and 1.7% were educated upto Higher secondary and above. Distribution of samples according to education of mother shows that (66.7%) of them were illiterate, (31.7%) primary educated, 1.7% of them were having education upto secondary and none of educated upto Higher secondary and above. Distribution of samples according to occupation of father shows that no one was private employee, only (1.3%) of them were government employee, majority (71.7%) of them were Employee on daily wages and (27%) were farmers. Distribution of samples according to occupation of mother shows that only (0.7%) were private employee, none of them were government employee, majority (78.7%) of them were Employee on daily wages and 20.7% were housewives.

Section II

<table>
<thead>
<tr>
<th>Level of knowledge score</th>
<th>Percentage score</th>
<th>Knowledge score</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>1 – 20 %</td>
<td>17</td>
<td>5.66</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>21 – 40 %</td>
<td>120</td>
<td>40.00</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>41 – 60 %</td>
<td>154</td>
<td>51.33</td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>61– 80 %</td>
<td>9</td>
<td>3.00</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>81 – 100 %</td>
<td>0</td>
<td>00</td>
<td></td>
</tr>
<tr>
<td>Minimum score</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum score</td>
<td></td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean score</td>
<td></td>
<td>12.57 ± 3.77</td>
<td></td>
<td></td>
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<tr>
<td>Mean Percentage</td>
<td></td>
<td>41.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution of adolescents with regards to knowledge 5.66% of adolescents having poor knowledge, 40% having good knowledge, and 51.33% adolescents having very good knowledge and 3% of adolescents having very good knowledge 0% of adolescents having excellent knowledge. The mean score was 12.57 ± 3.77 and mean percentage was 41.9 %.

Graph 1 Knowledge score of adolescents regarding Sexually transmitted diseases

Section III:-Association of knowledge score in relation to demographic variables

There was no significant association between knowledge score and demographic variables except age of adolescents, education of adolescents, education of father, education of mother of adolescents knowledge regarding sexually transmitted diseases

DISCUSSION

Distribution of samples according to their education reveals that the majority (82%) of the samples were having secondary education and 11% had primary education, 6.7% of the samples were educated with Higher secondary & above and only 0.3% of samples were illiterate. The finding is compared with the study conducted by Singh S, Fukuda H, Ingle GK, Tatara K (2002). The findings of the study reveal that the more educated had higher correct knowledge on modes of transmission than illiterate and less educated. Distribution of samples in relation their sources of information shows that majority (26%) of them acquired information from media,
(10%) of samples got information from friends, (4%) of them got information from health personnel and only (1%) gained information from family and relatives. These findings of the study are supported by the study conducted by the Igwebe AO, Ilika AL (2005) which revealed that majority of the people got information from mass media than other sources. Another a cross-sectional study was conducted in Dar es Salaam. Suports the finding of present study also shows that the mass media is the effective means of information of STD and majority of adolescents have heard about HIV/AIDS. K T Romero et al., M. Mizanur Rahman, M. Kabir, M. Shahidullah published literature by Florence N Samkange-Zeeb, Lena Spallek and Hajo Zeeb supported the findings that participants having good knowledge regarding HIV/AIDS (51.33%) than other sexually transmitted diseases. In the present study adolescents were having poor knowledge regarding sign and symptoms of STDs (37.76%) supported Dar es Salaam. Study findings shows that 5.66% of adolescents having poor knowledge, 40% having good knowledge, and 51.33% adolescents having very good knowledge and 3% of adolescents having very good knowledge 0% of adolescents having excellent knowledge.

CONCLUSION

In general, the studies reported low levels of awareness and knowledge of sexually transmitted diseases, with the exception of HIV/AIDS. Although, as shown by some of the findings on condom use, knowledge does not always translate into behaviour change, adolescents' sex education is important for STD prevention, and the school setting plays an important role. Beyond HIV/AIDS, attention should be paid to infections such as chlamydia, gonorrhoea and syphilis. The adolescents do not have 100% knowledge regarding sexually transmitted diseases. Demographic variables did not show a major role in the knowledge regarding sexually transmitted diseases.

References


How to cite this article:


DOI: http://dx.doi.org/10.24327/ijrser.2017.0809.0855

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