

Perception of Male Adolescents toward Sexual Transmitted Diseases

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Abstract:-The incidence of sexually transmitted diseases (STDs) is increasing among adolescents all around the world. **Purpose of the study:** The purpose of this study was to determine the perception of male adolescents toward sexual transmitted diseases. **Design:** a descriptive correlational cross-sectional design was used to carry out this study. A convenient sample of two hundred and fifty male adolescents who attended Damanhur University was included. **The instrument of the present study** included two instruments; 1:An Interviewing Questionnaire; 2:A Questionnaire about the perception of male adolescents regarding sexually transmitted diseases. **The result** of the present study revealed that nearly half of studied sample had low perception about the sexually transmitted diseases. **Conclusion:** It was concluded that near to one quarter of the sample had adequate (moderate) perception regarding the sexually transmitted diseases, while nearly half of the sample had an inadequate (low) perception of these diseases. **Recommendations:** Health education programs for male adolescents regarding sexually transmitted disease should be conducted to adolescents. In-service education programs with high risk factors, modes of transmission, and ways of prevention should be implemented.

Key words: sexually transmitted diseases, adolescent, perception.

Date of Submission: 17-12-2017

Date of acceptance: 14-01-2018

I. Introduction

Sexually transmitted diseases (STDs) are those that are spread primarily from person-to-person through sexual contact [1]. Sexually transmitted diseases (STDs) constitute an epidemic of tremendous magnitude, with an estimated 19.9 million persons acquiring a new STD each year worldwide. Reported disease rates don't underestimate the true burden of infection because the majority of STDs are asymptomatic and because of underreporting of STDs. [2]

There are more than 30 different sexually transmissible bacteria, viruses, parasites and others. The most common conditions they cause are gonorrhea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, human immunodeficiency virus (HIV) and hepatitis B infection. [3]. Women, have a higher incidence of STIs than men because of their greater biological susceptibility. [4]

Egypt has a consistent low HIV prevalence rates. An estimated 11,000 people are currently living with HIV or AIDS in Egypt [5]. As of the end of 2013, 3919 HIV cases has been detected in Egypt, among which 1078 (27.5 %) developed AIDS [6].

There must be an exchange of body fluids in order to transmit most sexually transmitted diseases (STDs), such as gonorrhea, chlamydia, syphilis, trichomoniasis, HIV, hepatitis i.e. via sexual transmission (genital-anal, genital-genital, oral-genital/anal). Others like genital warts, herpes, scabies, and pubic lice can be transmitted by skin-to-skin contact (i.e., kissing, non-penetrative sex, body rubbing). Sexually transmitted diseases (STDs) cannot be caught through casual social contact such as shaking hands or hugging. [7]

Sexually transmitted diseases (STDs) can be symptomatic or asymptomatic. High portion of STDs cases are asymptomatic. A person can have STDs without having obvious symptoms of disease. Symptoms of symptomatic STDs include sores (either painful or painless), blood in urine, burning sensation when urinating, rashes, itching, bumps, warts, unusual discharges as urethral discharge, genital ulcers, painful urination, pain during sexual intercourse in men. [8]

Causes of the increased rates of STDs/HIV in young people are complex. However, the main reasons include biological factors, risky sexual behaviour patterns (early initiation of sex, premarital sex, bisexual orientation and multiple sexual partners), transmission dynamics and treatment-seeking behaviour. [9]

Sexually transmitted diseases (STDs) can be associated with many complications, Some types of genital warts lead to genito-anal cancers. Syphilis may also cause potential complications including blindness, heart damage, and nerve tissue damage, etc.[10]

Stigma and embarrassment associated with STDs can delay seeking help for treatment. Adolescents male often have difficulty complying with treatment because it may be lengthy, painful, and sometimes they need to conceal medications. [11]

The main interventions which could reduce the incidence and prevalence of STDs include primary prevention (information, education), screening and case finding among vulnerable groups (for example, adolescents male), STDs case management using the syndromic approach, targeted interventions for populations at high risk. [12]

The nurse can help adolescent males to understand the treatment plan of STDs through providing accurate information about prevention, transmission and treatment of STDs. [13] Men would benefit more if reproductive health information and care were fully integrated into their general care, which may include medical and nursing services as well as social and community services. [14]

The accurate and successful management of STDs require health care. Providers, especially nurses are respectful of patients and not judgmental when dealing with them, the health care provider should be experienced and conversant with the changes in anatomy and physiology associated with the different maturation stages and should be able to address the issue of sexuality and STDs in an open and constructive manner. [15]

1.1. Significance of the Study

In the developing countries, both the prevalence and incidence of STDs are high. [16].According to statistics of STDs by countries (2013), incidence of STD in Egypt was 18, 189, 824. [17] Since there's an epidemic of STDs, nurses can play a vital role by educating, providing information about STDs. Knowledge and awareness about STDs are important components of sex education which help promote safe sex practice. [18] Therefore to do this role the nurses have to recognize the adolescents male perception about STDs, so they can deal with them and understand their thoughts. Unfortunately, there are no male nurses to give health education to men. But now at every Faculty of Nursing all over Egypt and also technical institutes of nursing they admit male students that can give practice. Male nurse can give an education and counseling to the same gender without embarrassment.

1.2. Purpose of the Study was to:

- Determine the perception of male adolescents toward sexually transmitted diseases.

1.3. Research Question

What is the perception of male adolescents toward sexually transmitted diseases?

1.4. Research Design

A descriptive cross sectional research design was used in the study.

1.5. Study Setting

The study was conducted in Damanhur University at selected five faculties which was the Faculty of Arts, the Faculty of Commerce, the Faculty of Agriculture, the Faculty of General education, and the Higher Institute of Social Service as representatives.

1.6. Study Subjects

Sample was composed of 1st, 2nd, 3rd, and 4th year adolescent male students, selected randomly from each Faculty. The male students who participated from the faculties of general education, agriculture, arts, commerce and the higher institute of social service were 50,30,40,60 and 70 respectively according to the equation of sample size calculation:

$$n = \frac{N \times p(1 - p)}{\left[\left[N - 1 \times \left(d^2 \div z^2 \right) \right] + p(1 - p) \right]}$$

Inclusion criteria of the sample:

- Adolescent male students
- Age ranges between 18-22 years old.
- No specific branch of study related to STDs.

1.8. Instruments

Interviewing questionnaire was used, It included two Sections:

Section A:- Interviewing questionnaire:

It was used to collect socio-demographic data of the students such as age, level of education, occupation, residence...etc.

Section B:- Perception questionnaire:

It aimed at assessing perception of male adolescent students about sexual transmitted diseases and included the following parts

Part I: assessment of perception about modes of transmission of STDs.

Part II: assessment of perception toward curability of STD.

Part III: assessment of action that the study participants would take if they found out themselves to have one of the STDs (.

1.8. Validity and Reliability of the instruments

Validity refers to the degree to which an instrument measures what it is supposed to be measured **9]**. In this study, the following procedures were followed to ensure validity:

- The researcher conducted an extensive literature review and developed the questionnaire from previously used tools and reviewing pertinent review. The questionnaire was formulated and cross-checked by the expertise in the field of study and has experience research process (content validity) (two professors at faculty of nursing, Menoufia University & two professors at faculty of medicine , Menoufia University) . The questionnaire was pre-tested to assess its feasibility and applicability (**Reliability test**) finally reviewed and corrections made, where necessary.

1.9. Ethical Consideration

Permission to conduct the study was obtained. Verbal consent was obtained from each participant. The researchers were offered adequate information about the study purposes and its significance. Participation was voluntary. Participants were assured that their responses would be confidential and information that might reveal their identity would not be recorded, and only aggregated data would be communicated.

1.10. Pilot study:

The questionnaire applied to 10% of the sample. Pilot study was conducted to assess applicability, clarity and simplicity of the tools and the maneuvers of the interventions and to estimate the time needed. Based on its results, the final versions of the tools were prepared. It also helped in planning the schedule for field work. The sample of the pilot study was not included in the main study sample.

1.11. Field Work

Data collection was done by researchers at 2 phases:

Preparatory phase:

An extensive review of all data related to the study was done including electronic theses and dissertations, available books, articles and periodicals. A review of related literature to formulate the knowledge basis related to the study area was also done.

The flow rate of male students was different from week to week according to the attendance to lectures. So the researcher couldn't find suitable numbers of male students per week, 60male adolescents per month, and sometimes no male students absolutely. So the rate of the study sample varied from 1-3/week according to attendance of male students and the criteria of the study.

Operational phase:

Data collection started from January 2016until the end of June 2016. The researcher worked 6 days/week. The researcher went to the faculties of arts, commerce and agriculture on Saturdays, Sundays and Mondays; he also went to the faculties of general education, the higher institute of social service on Tuesdays, Wednesdays and Thursdays from 9.00 am to 2.00 pm. The time taken for each tool to be completed was 20- 30 minutes, depending on the response of the male students.

Interview was carried out for each male student attending class and seeking education service as lectures. Each male student was interviewed before and after lectures. The researcher started to collect data from the male students, asked them about a definition of STIs and their types, more over signs and symptoms of STIs, also asked about causes, their reaction toward the symptoms, and their knowledge about the famous STIs and the source of this knowledge of as well as their attitude toward STDs.

Each interview was conducted individually and in total privacy to assure that information obtained will be confidential and used only for the purpose of the research.

Finally, each student completed his questionnaire by himself and the researcher reviewed each paper.

1.12. Statistical Design

Data were revised, coded, tabulated and analyzed in a PC computer SPSS software package version 20. The following statistical techniques were used; descriptive statistics in the form of frequencies and percentage.

Quantitative variables were presented in the form of means and standard deviation, and tested by student t-test. Qualitative variables were compared using chi-square test. Statistical significance was considered at p- value <0.05.

II. RESULTS

Table (1): showed the socio-demographic data of the studied male adolescents. The mean age of the studied male students was 20.644±1.493 years old. Regarding the marital status of the sample, the table showed that 97.20% of students were single while only 2.80% of them were married. According to their living status, 94.40% of them live with their Parents / Family while 4.80% of them live with friends and only 0.80% live by themselves.

Table (2): showed perception of the studied sample about knowledge of STD, 73.20% of them had Knowledge about STD while 26.80% of them hadn't Knowledge about STDs. Their source of information came from friends, family, school, college, television, radio, magazines, youth club, internet, hospital/clinic and books which represented by 20.22%, 44.26%, 15.30%, 40.44%, 7.65%, 20.77%, 15.85%, 55.19%, 46.99% and 2.19% respectively.

Table (3) (part1&2): showed the perception of the studied sample toward the characteristics of STDs. They were AIDS as a fatal disease, gonorrhoea as a famous sexually transmitted disease, chlamydia causes abnormal discharges and pain during urination, chlamydia causes infertility in men, syphilis causes death if untreated and scabies is a STD which represented by 56.00%, 34.00%, 12.00%, 11.20%, 39.20% and 37.60%, respectively.

Table (4) (part 1&2): showed the attitude of the studied sample about STDs; accordingly, sexually transmitted diseases were not dangerous as about 38.00% of students accepted that; also 48.00% of them accepted education about STDs which should be taught in school. Meanwhile, 84.40% of students accepted people who were infected with an STD and they must get treatment, while 30.40% of students accepted that condoms were a 100% protective from STDs. In relation to the questions of the time of having unprotected sexual intercourse, and what was most STDs concerned about: 71.60% of students selected HIV/AIDS, while 21.20% decided on Syphilis, and on the same line 9.20% chose hepatitis C, but only 6.00% checked on another sexually transmitted infection.

Figure (1):- showed low perception of male students toward STDs characteristics, modes of prevention, treatment and attitude toward STDs.

Table (5): shows the relationship between socio-demographic data and perception about STDs. There was a statistically significant difference among socio-demographic characteristics and perception about STDs except for age and the undergraduate stage. (P<0.05 or P<0.001)

Table (6): showed the relationship between the socio-demographic characteristics of the studied sample and attitude. There was a statistically significant difference among the socio-demographic characteristics and attitude except for undergraduate and marital status. (P<0.05 or P<0.001)

Table (1): Socio-demographic Characteristics of the Study Sample (N=250).

Variables	The studied male adolescents (n=250)	
	N	%
Age years:		
18-21	180	72.00
22-25	70	28.00
Range	18	25
Mean±SD	20.644	1.493
Marital status:		
Married	7	2.80
Single	243	97.20
Undergraduate:		
1 st year	89	35.60
2 nd year	76	30.40
3 rd year	47	18.80
4 th year	38	15.20
Faculty:		
General education	50	20.00
Arts	40	16.00

Commerce	60	24.00
Agriculture	30	12.00
Community service	70	28.00
With whom do you live?:		
Parents/ Family	236	94.40
Friends	12	4.80
Myself	2	0.80

*1st year total all faculties also other years 2nd, 3rd, 4th.

Table (2): Perception of the Study Sample about Knowledge of STD.

(N=250).

Variables	The studied male adolescents (n=250)	
	N	%
Knowledge about STDs:		
Yes	183	73.20
No	67	26.80
If yes, mention the source of information about STDs:		
Friends		
Family	71	38.80
School	37	20.22
College	81	44.26
Television	28	15.30
Radio	74	40.44
Magazines	14	7.65
Youth club	38	20.77
Internet	29	15.85
Hospital/clinic	101	55.19
Books	86	46.99
	4	2.19
Do you know anyone has/had any type of STD?		
Yes	24	9.60
No	226	90.40
If yes, who?		
Friend	20	83.33
Parent(father/ mother)	0	0.00
Brother/sister	4	16.67
Other family member	0	0.00
Spouse/live-in partner	0	0.00
No	204	86.1

Table (3) (Part 1): Perception of the Study Sample about Characteristics of STDs. (N=250).

Variables	The studied male adolescents (n=250)	
	N	%
Characteristics of STDs:		
AIDS is a fatal disease:		
Yes	140	56.00
No	57	22.80
Don't know	53	21.20
Gonorrhoea is a famous sexual transmitted disease:		
Yes	85	34.00
No	38	15.20
Don't know	127	50.80
Chlamydia causes abnormal discharges and pain during urination:		
Yes	30	12.00
No	12	4.80
Don't know	208	83.20
Chlamydia causes infertility in men:		
Yes	28	11.20
No	15	6.00
Don't know	207	82.80
syphilis causes death if untreated:		
Yes	98	39.20
No	14	5.60
Don't know	138	55.20
scabies is a STD:		
Yes	94	37.60
No	60	24.00
Don't know	96	38.40
At present, there is no cure for STD:		
Yes	73	29.20
No	79	31.60
Don't know	98	39.20

Everyone who loses a lot of weight in a short time has STD:		
Yes		
No	94	37.60
Don't know	51	20.40
	105	42.00

Table (3) (Continued): Perception of the Study Sample about Characteristics of STDs. (N=250).

Variables	The studied male adolescents (n=250)	
	N	%
Characteristics of STDs:		
Hepatitis C,B need long treatment:		
Yes	161	64.40
No	41	16.40
Don't know	48	19.20
Herpes can cause brain damage:		
Yes		
No	81	32.40
Don't know	125	50.00
	44	17.60

Table (4) (Part 1): Perception of the Study Sample about Attitude of STDs. (N=250).

Variables	The studied male adolescents (n=250)	
	N	%
Attitude of STDs:		
Sexual transmitted diseases aren't dangerous because they can be cured:		
Agree	95	38.00
Disagree	83	33.20
Don't know	72	28.80
Education about STDs should be taught in school:		
Agree	120	48.00
Disagree	95	38.00
Don't know	35	14.00
It's necessary to avoid a person who has contacted a sexual transmitted infection:		
Agree	186	74.40
Disagree	41	16.40
Don't know	23	9.20
People who are infected with an STD must get treatment:		
Agree		
Disagree	211	84.40
Don't know	19	7.60
If a person believes that he had gotten a sexually transmitted infection, he should directly contact with health service:		
Agree		
Disagree		
Don't know	200	80.00
Adolescents should get information about STDs to protect themselves:		
Agree	28	11.20
Disagree	22	8.80
Don't know	216	86.40
Person can protect himself from STDs:		
Agree	19	7.60
Disagree	15	6.00
Don't know	221	88.40
Everyone can protect himself from STDs, if he uses condom when having sexual intercourse:		
Agree	12	4.80
Disagree	17	6.80
Don't know		
	188	75.20
	15	6.00
	47	18.80

Table (4): Continue Perception of the Study Sample about Attitude of STDs. (N=250).

Variables	The studied male adolescents (n=250)	
	N	%
Attitude of STDs:		
Condoms are a 100% protective from STDs:		
Agree	76	30.00
Disagree	112	44.80
Don't know	62	24.80
When having unprotected sexual intercourse, what are you most concerned about?		
Getting HIV/AIDS	179	71.60
Syphilis	53	21.20
Hepatitis C	23	9.20
Getting another sexually transmitted infection	15	6.00

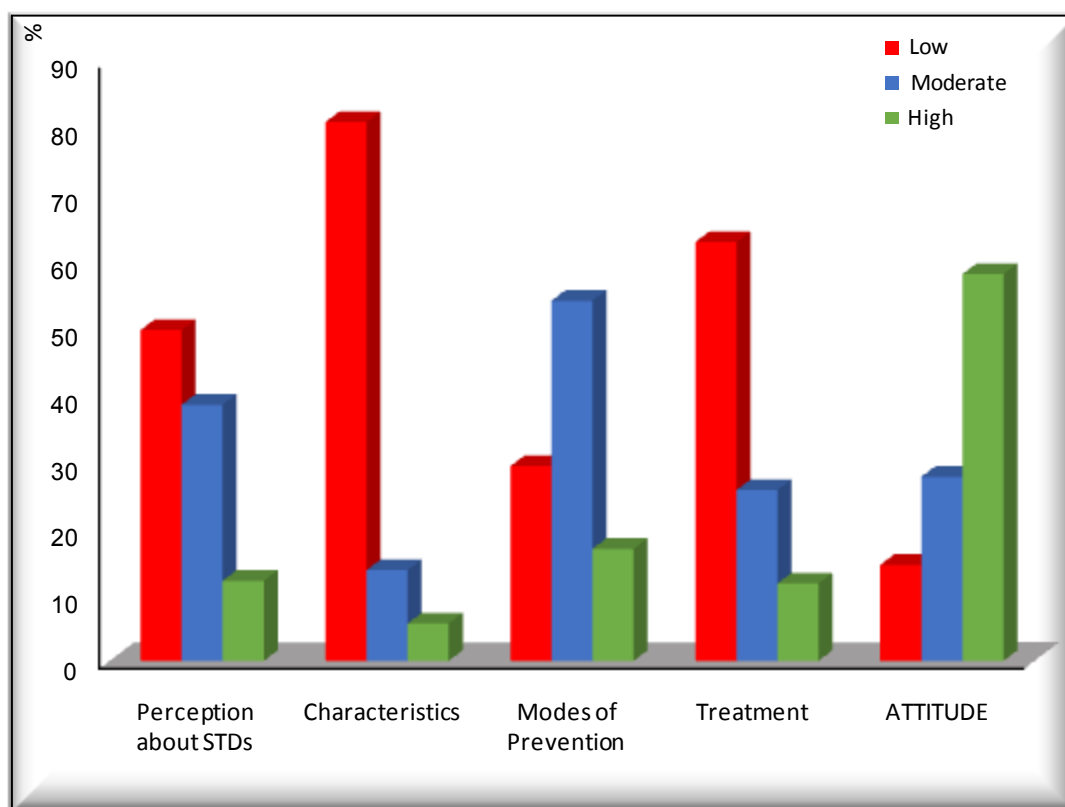


Figure (1): Total Perception of the Study Sample about STDs. (n=250).

Table (5): Relationship between Socio-demographic Characteristics of the Studied Sample and Perception about STDs (N=250).

Variables	N	Perception about STDs		T-Test or ANOVA	
		Mean	+SD	T Or F	P-value
Age years:					
18-21	180	6.094	+2.229	0.116	0.907
22-25	70	6.057	+ 2.395		
Marital status:					
Married	7	7.857	+2.268	2.109	0.036*
Single	243	6.033	+2.256		
Undergraduate:					
1 st year	89	5.943	+1.794	1.452	0.228
2 nd year	76	6.488	+2.258		
3 rd year	47	5.800	+2.857		
4 th year	38	5.781	+2.498		

Faculty:					
General education	50	4.180	+2.505	17.846	<0.001*
Arts	40	6.840	+2.113		
Commerce	60	7.100	+1.502		
Agriculture	30	6.680	+1.766		
Community service	70	5.620	+2.049		
With whom do you live:					
Parents/ Family	236	5.970	+2.272	2.477	0.045*
Friends	12	7.000	+1.907		
Myself	2	7.500	+0.707		

Table (6): Relationship between Socio-demographic Characteristics of the Studied Sample and Attitude (N=250).

Variables	N	Attitude		T-Test or ANOVA	
		Mean	+SD	T or F	P-value
Age years:					
18-21	180	14.333	+3.767	2.288	0.023*
22-25	70	13.014	+ 4.835		
Marital status:					
Married	7	11.714	+5.964	-1.466	0.144
Single	243	14.029	+4.061		
Undergraduate:					
1 st year	89	13.402	+4.007	1.115	0.344
2 nd year	76	14.430	+4.160		
3 rd year	47	13.778	+4.492		
4 th year	38	14.500	+3.785		
Faculty:					
General education	50	14.680	+4.556	6.233	<0.001*
Arts	40	14.440	+3.547		
Commerce	60	15.580	+1.970		
Agriculture	30	12.040	+4.746		
Community service	70	13.080	+4.337		
With whom do you live:					
Parents/ Family	236	14.056	+4.058	2.534	0.041*
Friends	12	10.750	+5.065		
Myself	2	16.500	+0.707		

III. Discussion

According to the present study findings, the sample is distributed according to their socio-demographic data as follows. In relation to age, near three quarters of male adolescents (their ages ranged from 18 to 21 years old), and nearly one quarter whose age ranged from 22 to 25 years old. This finding was in accordance with finding of a study conducted by **Basim (2014)**, who studied the perception of sexually transmitted infections among university adolescents, of the Taif region, Saudi Arabia, and found that nearly three quarters of the sample aged between 18-21 years. It also agreed with another study conducted by **Jerome (2014)**, who studied knowledge, attitude and practice about sexually transmitted diseases among University students in Kampala, and found that near three quarters of the sample aged between 18-21 years. This study however, stands in difference with the finding of a study by **Nwabueze, S.A. (2014)** who investigated the perception of sexually transmitted infection among university students in Nnewi-North local government area, Nnamdra State, Nigeria, and found that about half of the respondents were in the age group of 22- 25 years.

Regarding the marital status of the study sample, the finding of the present study showed that nearly all members of the sample were single. This finding was in accordance with **Dykes, (2012)** who conducted a study to assess knowledge, perception and attitude of male adolescents toward sexually transmitted diseases who reported that more than three- quarters of the study sample were single.

The present study revealed that the nearly all members of the study sample lived with their parents according to cultural factors. This is similar to the study conducted by **Okonofua, (2012)** in a research done among adolescent school boys in South Delhi, India, where the majority of adolescents lived with their parents.

Regarding the perception of the study sample toward getting information about sexually transmitted diseases, the study findings revealed that near three quarters of the studied participants had information about sexually transmitted diseases. In congruence with this current study findings were those by **Taplay & Vashist ((2015)** who studied knowledge, perception and attitude of male adolescents toward sexually transmitted diseases, across a sectional study that reported that near three quarters of participants had knowledge about the sexually transmitted diseases; also with **Leonard R.A. & Danner, F., (2011)**, who studied knowledge, attitude and perception of adolescents in Campinas, Sˆao Paulo, Brazil, a descriptive study, which reported that the

majority of participants had information about the sexually transmitted diseases. The reason for this high prevalence of getting information may be peer education that may affect change at the group or societal level, by modifying norms and stimulating them.

In contradiction with the present study findings were those by **Raman et al. (2015)** who studied knowledge, attitude and perception of adolescents toward sexually transmitted diseases across sectional survey in Kampala, and reported that near quarter among Kampalana adolescents had information about the diseases; and on the same line with **Shinnicketal. (2015)**, who studied knowledge, attitude and perception of adolescents toward sexually transmitted diseases and reported that near one-fifth of the sample members had information about them. The reporter thought that there was less awareness of the society regarding STDs due to the barriers between parents and children to discuss matters related to sexually relationship.

Regarding the perception of the study sample toward the source of information about sexually transmitted diseases, the study findings revealed that more than half of the students had received information from friends, school, television, the internet and hospital/clinics. Meanwhile, less than half of the students had received information from family, college, radio, magazines, youth clubs and books because friends represented trust and privacy.

Incongruence with these current study findings were those by **Kubde.S,(2013)**who studied knowledge, perception and attitude in Onitsha, Nigeria among adolescents and reported that school followed by TV represented the main sources of information about the sexually transmitted diseases. Radio represented the minor source of information because they may have preferred the other media.

This findings contradicted with the study conducted by **Ardic J.& Brachman P., (2015)** which was conducted in New-North local government area of Anambra State, South East Nigeria, on assessing their source of information, where mothers, fathers and magazines represented the first choice of information whereas teachers, TV and internet represented the second choice as parents are open-minded and potential future vehicles of information for children and therefore for the young adults of tomorrow.

Regarding the perception of the study sample about the characteristics of STDs, the present study revealed that more than half of study sample selected that a person can live more than ten years after getting hepatitis C, or B and near one half of the study sample reported that AIDS was a fatal disease, that gonorrhea is a famous sexually transmitted disease, and syphilis causes death if untreated and scabies was a STD. Meanwhile, more than one-quarter of the study sample said that chlamydia caused abnormal discharges, infertility in men and pain during urination. Moreover, at present, there is no cure for STDs. This prevalence may be because of the educational activities at school about STIs.

The present study finding was congruent with **Rol and Lim. (2014)**, who studied knowledge and attitude of sexually transmitted infection and reported that in the study, nearly all students had heard about the fatality of sexually transmitted infections, while a majority of the students had knowledge about the possibility to cure the infection.

Regarding the attitude of the study sample about STDs, the current study stated that the majority of studied group had information about the characteristics of STIs as the degree of dangerous, diseases from infection, ways of transmissions, modes of prevention and treatment. Also near three quarters of them were scared from getting AIDS through unprotected sexual intercourse. This high prevalence could be due to the concern of health institutions to increase the educational level of STIs.

This finding is supported by **Amoakah M.(2015)**who studied knowledge and awareness of STDs including HIV/AIDS among adolescents in Ghana and reported that several studies document the negative attitudes of Indian health professionals toward STDs infected people. Therefore, medical training has the potential to facilitate the development of positive behaviors and attitudes among nonmedical students as they relate to STDs. It is similar to the another study conducted by **Kumar A, et al., (2013)** who studied knowledge and awareness of STDs among adolescents and reported that the studies over the past decade among health professionals in India identified the gaps in their knowledge concerning the risks and transmission of infections. In our study, all respondents exhibited the willingness to support STDs individuals through several actions; about more than a majority of students preferred to continue their friendship with the STDs infected person/friend. Moreover, near the majority of students were sharing their room with an infected person. However, the majority of the students, nearly all, answered to seek help from a clinician and the majority of students maintained the confidentiality of the patients.

IV. Conclusion

Based on the result findings of the current study that assess perception of male adolescents toward sexual transmitted diseases, it had concluded that:-

- The majority of studied male adolescents had low perception about sexual transmitted diseases. More than quarter of studied sample had moderate perception about sexual transmitted diseases. Meanwhile more than one fifth of studied sample had high knowledge about sexual transmitted diseases.

- There was statistical significant association between perception, characteristics, modes of prevention, treatment of STDs and attitude of studied sample.

Recommendation

The present study recommended that conducting health education programs for male adolescents in relation to Sexual transmitted diseases, Replication of the research study to further setting using a large sample and future research could also be designed to specifically find out which rationales of low perception of male adolescents toward sexual transmitted diseases.

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Mohamed Abd-Alla Abd-AllMonaem "Perception of Male Adolescents toward Sexual Transmitted Diseases". IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 6, no.6 , 2017, pp. 63-72.