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RESEARCH PAPER

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Assessment of Prevalence of Sexually Transmitted Disease (STDs) at Darimu Dupa Health Center

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ABSTRACT

The main objective of this study was to investigate the prevalence of (STDs) among patients who visited Dupa Health Center. The data was collected by using questionnaire and interview using simple random sampling technique. The data were summarized, categorized, rearranged and tabulated. The finding of the study showed that some knowledge about the mode of transmission of STD and HIV/AIDS. There are difference in the prevalence of STDs in case of occupation and residence of respondents. In addition to these most of them were married. The distribution is high in case of females than males, 62.96% and 37.03% respectively. Improving access to and quality of STD clinical services; promoting early and effective STD related healthcare behaviors; establishing surveillance systems to monitor STD and HIV trends and their interrelations. Teaching and creating knowledge and awareness about STDs are very low at Dupa health center. Counseling services should be given to Persons with HIV/AIDS and a New STD by connoisseurs to minimize its prevalence.

Key words: STDs, HIV/AIDS, Prevalence and Health center.

INTRODUCTION

Sexually transmitted disease (STDs) are group of diseases (bacterial , viral and chlamydial) which are acquired by sexual contact (contagious) , although they may be transmitted by other routs (non-sexual contact) . These could include: Genital ulcer, Urethritis. Cervicitis. Vaginal discharge and Papules (Desta & et. al. 1990).

The potential impact of STDs in facilitating HIV transmission depends not only on the magnitude of the STD cofactor effects and the overall STD prevalence rates, but also on the extent to which other STDs are concentrated disproportionately among persons and subpopulations likely to be exposed to HIV infection. STD/HIV co infection rates can be one indicator of this epidemiologic interaction, which heightens the potential contribution of curable STDs to the sexual transmission of HIV infection. For example, a much higher prevalence of HIV co infection exists among persons with any STDs than among those without STDs or a history of STDs (Wasserheit *et al.*1992). Consequently, interventions directed toward any person with an STD are targeted intrinsically to persons with a higher prevalence of and at higher risk for HIV infection (Ruiz J *et al.* 1998).

Among persons with STDs, the likelihood of HIV co infection typically is high among persons with ulcerative STDs, reflecting shared risk factors and the strong, mutually reinforcing effects of ulcerative STDs and HIV infection on ulcer persistence and HIV transmissibility (Wasserheit *et al.*1992). For example, a recent multicenter study of syphilis therapy in the United States documented an 18% prevalence of HIV infection among patients with early syphilis in several large cities in the United States (Edlin BR *et al.* 1994).

Although HIV co infection rates typically are higher-than-average among persons with ulcerative STDs, the high incidence and prevalence of the major non ulcerative STDs, especially chlamydia and gonorrhea (CDC. 1997), suggests that their population-attributable risk for promoting sexual transmission of HIV infection could be even greater (Wasserheit *et al.* 1992)

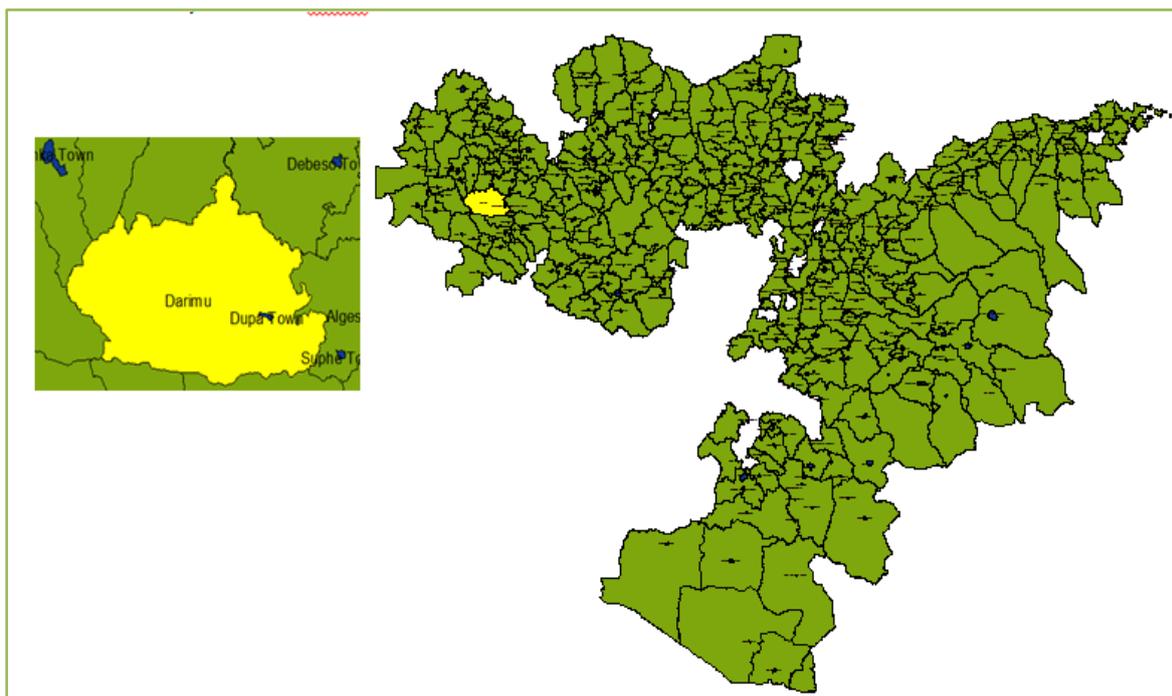
In addition to these considerations related to persons infected with different STD pathogens, subpopulations at increased risk for HIV transmission typically have higher rates of STDs. For example, despite substantial declines since the beginning of the AIDS epidemic, MSM continue to have high rates of bacterial and other STDs (Belongia EA *et al.* 1997), and outbreaks of gonorrhea continue to occur. Notably, the occurrence of other STDs continues to be an important predictor of HIV seroconversion among young MSM (Belongia EA *et al.*1997). Also, although parenteral exposure through contaminated injection equipment is paramount among IDUs, they are at risk for sexual HIV transmission, as well. In one study of female IDUs, for example, syphilis was identified as a prominent risk factor for acquiring new HIV infection, a finding that suggests sexual transmission could account for an under recognized subset of new HIV infections in this group (Ruiz J *et al.* 1998).

As the result of the expansion and increase of Sexually transmitted diseases from time to time, its challenging factors come to be emerged. So as to identify these challenging constraints the investigator need to conduct the study at Darimu Dupa health center. In this study I have tried to describe the major causes of sexually transmitted disease, its spread and possible remedy in the stated health center. The general objective of this study is to assessment of knowledge and attitude of community to hard sexual transmitted disease (STDs) among patients who visit Darimu woreda Dupa health center.

MATERIAL AND METHODS

Description of the Study Area

The study area of this research, Darimu woreda Dupa health center is found in Oromia regional state, I/A/Bor zone, and Darimu woreda. Dupa health center is located in DarimuWoreda which is 662k.m. to the south west of Addis Ababa. The town is 62 kms from Metu the Zonal town. The woreda has a total population of 83,000 and 46 kebeles. Dupa 01 is the capital town of the woreda and it is one the 46 Kebeles. DarimuWoreda has altitude range of 1200 to 1750 meter above sea level. The woreda has also mean annual temperature of 30°C. The weather condition of the woreda is 54% 'woyinadega' (mid altitude) and 46% is kola (lower altitude).



Picture 1. Geographical location of Darimu Woreda.

Source of Data

To obtain and gather relevant and reliable data both secondary source of data and primary source of data has been used primary data was collected through questionnaires and interview in directly with the respondents. Survey questionnaires were developed and administrated to connect quantitative data. The secondary data it was collected from written materials such as magazines term paper, public speeches document records and annual reports.

Methods of Sampling Techniques

In order to collect the relevant data for the study was used simple random Sampling technique select from the total patients which visit Darimu woreda Dupa health center.

Sampling Size

From 30-40 patients have visited the center daily at all age level and different type of health problems based of this, 30 respondents were selected by applying systematic, simple random sampling techniques monthly. The total number of patients visited Dupa health center during the study period were about 8100. As a result the study takes 270(130 males and 140 females, 30 patients and health workers for 9 months) samples from patients who visited the center during the study period.

Data Collection Method

In prospering the research data collection method used the following activities. First questionnaire/interview guide group discussions were used to collect data form targeted groups through direct contact. The questionnaires which were designed after developing perused examine collect data to identify and avoid sensitive questions and complications. An attempt was made to shape our respondent attitude to collect the data. The form of data collection used face to face communication.

Data Analysis Method

After the necessary data collected from each patient in the sample: qualitative and quantitative methods have been used to analysis the collected data and finally the outcomes are interpreted in accordance to the literature revised. Quantitative data can be analyzed in numerical form by using tables an interpreted in percentage from qualitative data was analyzed through description and discussion.

Data Analysis and Discussion

Analysis of patient and STDs

The total patients treated at Dupa health center were about 9450 in number from these I selected 270 respondents as sample from the patients by a random sampling and purposive technique because the society is homogenous, that means they have the some background culture, ways of living style.

Table 1. The number of patient at Darimu woreda Dupa health center in the study period 2006 E.C

Month	No. of patient	Male	Female	STDs positive	HIV		Gonorrhea		Syphilis		Chlamydia		Trichomoniasis	
					M	F	M	F	M	F	M	F	M	F
September	986	484	502	10	1	2	1	1	-	3	1	-	-	1
October	910	455	455	12	-	1	1	2	2	1	-	1	1	1
November	1050	504	546	7	1	-	-	-	1	1	2	1	-	1
December	1084	560	524	13	2	1	1	1	1	1	1	2	1	2
January	889	435	454	15	1	3	1	2	2	-	3	1	1	1
February	1140	552	588	6	-	-	3	2	-	-	-	1	-	-
March	1066	530	536	21	1	2	2	3	3	5	1	-	3	1
April	780	367	353	11	-	-	3	2	-	-	1	3	1	2
May	978	487	491	17	-	1	2	-	-	5	5	2	-	2
Total	8883	4374	4509	112	6	11	14	13	9	16	14	11	7	11

F= FEMALE M=MALE

In the study period Starting from September the total number Of patient were 986 which mean 484 male and 502 female patients, from this number three male and seven female were STDs infected. These shows women are more likely affected than men. In the study period October four male and eight females were infected by STDs from 910 patients those treated in this health center. Again this indicated that there is high rate of prevalence of

STDs on female than males. In the study period November the total numbers of STDs positive patient were 7 out of 1050 patients. From this 4 females and 3 males were infected, from this one can understand that the prevalence and distribution of STDs disease in this woreda decreased by some degree. But the number of females infected by the problem is higher than males. In the study period December the total number of patient were 1084 from this 560 were male and 524 female patients, from this number three male and seven female were STDs infected. These shows women are more likely affected than men.

In the study period January eight and eight male and seven females were infected by STDs from 889 patients those treated in this health center. Again this indicated that there is high rate of prevalence of STDs. Here the rate of distribution is higher on male than females. In the study period of February the total numbers of STDs positive patient were 6 out of 1140 patients. From this 3 females and 3 males were infected, from this one can understand that the prevalence and distribution of STDs disease in this woreda decreased by some degree again. And the number of males and females infected by STDs this month is equal. In the study period March the total number of patient were 1066 from this 530 were male and 536 female patients, from this number 10 male and 11 female were STDs infected. These shows women are more likely affected than men. This month is the month in which high rate of prevalence of STDs is recorded. In the study period April five male and six females were infected by STDs from 780 patients those treated in this health center. Again this indicated that there is high rate of prevalence of STDs on female than males. In the study period May seven male and ten females were infected by STDs from 9788 patients from those treated in Dupa health center. Again this indicated that there is high rate of prevalence of STDs. Here the rate of distribution is higher on female than males.

In general within the study period the total number of patient seen in Dupa health were 8883 patients, from this 4374 were male and 4509 were female, from this the total number of patients affected by different type of STDs was 112. These were sexual transmitted diseases positive. From this number 6 male and 11 female patients was infected by HIV, it is 15.2%, 14 male and 13 female patients were infected by Gonorrhoea which is 24%, 9 male and 16 female patients were infected by Syphilis which is 22.4%, 14 male and 11 females patients were infected by Chlamydia which is 22.4% and 7 males and 11 females were infected by Trichomoniasis which is 16%. From this table I understand all types of STDs are prevailed in Darimu woreda. It need some kind of expert management.

Analysis of Questionnaires Using Table

Table 2. Knowledge about sexually transmitted diseases.

Question	Yes			No			Response		
	No		%	No		%	No		%
	M	F		M	F		M	F	
Do you know something about sexually transmitted disease and its impact?	118	132	93%	8	7	5%	4	1	2%

As indicated in table 2 above, 93% of the respondents are aware about the transmit and impact of sexually transmitted diseases. And 5% of the respondents are not aware enough about the matter of sexually transmitted disease. And 2 % are not responded well. From this one can understand that there is no much problem of knowledge related to STDs and its impact in the study area.

Table 3. Knowledge about ways of transmission.

Question	It is transmitted through:														
	Hand shake			Kissing			Unsafe sex			Sleeping together			Other ways		
	M	F	%	M	F	%	M	F	%	M	F	%	M	F	%
What do you know about the ways in which STDs are transmitted?	2	1	1%	5	7	4%	110	125	87%	6	10	6%	7	7	2%

Table 3, indicated that 87% of the respondents are believed that sexually transmitted disease are transmitted through unsafe sexually transmitted disease. And other 6% respondents, 4% respondents, 2% respondents and 1% respondents believe that it more transmit through working together, deep kissing, others and hand shake respectively. From this again one can understand there is some amount of gap in the way STDs transmit in the study area.

Table 4. The way in which the people get information about the transmit of STDs.

Question	I get information about STDs through:														
	Radio and TV			From written materials and pamphlets			Directly from health workers.			From schools			From other sources		
	M	F	%	M	F	%	M	F	%	M	F	%	M	F	%
What do you know about the ways in which STDs are transmitted?	26	28	21%	26	34	23.5%	34	32	24%	40	40	28%	3	6	3.5%

Table 5. Curability of sexually transmitted disease.

Question No. 4.	Yes			No			I don't know		
	No		%	No		%	No		%
	M	F		M	F		M	F	
Do you think all except AIDS, other types of STDs are curable?	120	134	94.07%	8	5	4.8%	2	1	1.13%

As indicated in table 4, people get information about the transmit of STDs from different sources differently. From these 28% of respondents responded that they get information from schools and pamphlets, 24% indicated they get information about STDs from health workers, 23.5% indicated that they get information from written materials, 21% explain it as their source of information about STDs from radio and TVs and 3.5% indicated that their source of information from other sources.

As indicated in table 5 above, 94.07% respondents indicated that they all know about the curability of sexually transmitted disease (STDs). And some of them are not aware enough about the curability of STDs if treated. From this I understand that they are in good stage of knowledge about the curability of STDs.

CONCLUSION

Based on the result and discussion part of research, it is possible to conclude the following points about the prevalence of STDs among patients who had been treated at Darimu Dupa health Center.

Early detection and treatment of other STDs should be a critical component of national, state, and local strategies to prevent STD and HIV infection and AIDS, in concern with the behavioral and other interventions that constitute a comprehensive HIV prevention approach. To implement this, Policy makers, HIV prevention program managers, and providers should focus initial implementation efforts on three key areas:

- i. improving access to and quality of STD clinical services;
- ii. promoting early and effective STD related healthcare behaviors; and
- iii. Establishing surveillance systems to monitor STD and HIV trends and their interrelations.
- iv. Teaching and creating knowledge and awareness about STDs are very low at Dupa health center.

Generally, the understanding and knowledge of the people about the prevention mechanism of STDs in Dupa woreda is high. The distribution of this disease is high in case of female than males and decline in percentage as the age increase.

Recommendation

Considering the data presented previously, recommends that early detection and treatment of curable STDs that facilitate HIV transmission should be a central and explicit component of national, state, and local strategies to prevent HIV infection and AIDS. Although enhancing STD screening and treatment has always been desirable as a way to prevent the complications of STDs, current knowledge indicates it also is critical to preventing HIV infection. Any activity that decreases the incidence and prevalence of STDs in a population will decrease the prevalence of this key cofactor and should therefore decrease HIV transmission. Thus, health-care providers could prevent HIV transmission not just by treating STDs among persons with HIV infection, but also by treating and preventing STDs among any persons at risk for STDs. Other strategies to help achieve these goals are improving access to and quality of STD clinical services, expanding screening and treatment for STDs in medical settings, and establishing or expanding screening for STDs in nonmedical settings.

- Improving Access to and Quality of STD Clinical Services. Basic clinical services (i.e., STD diagnosis and treatment) should be readily available to all sexually active adults and adolescents in Dupa town of Darimu.
- This service should be accessible without fees or with only nominal fees.
- In particular, HIV-infected persons with STD symptoms need to be able to obtain STD diagnosis and treatment easily, and STD services should be a routine part of quality HIV care.

- Dupa health center health-care providers who care for persons with or at risk for STDs should be aware of current national guidelines for STD treatment and should provide care accordingly.
- Counseling services should be given to Persons with HIV/AIDS and a New STD by connoisseurs.
- Dupa health center should prepare charts and clear documentation regarding each disease.

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