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RESEARCH ARTICLE

CARE-SEEKING BEHAVIORS TOWARDS SEXUALLY TRANSMITTED INFECTIONS IN SAUDI ARABIA

Hanan Abdullah Al Hajji MD SBFM¹, Zahra Ali Al Jamea MD SBFM², Fatoon Khalid Al Eid MD SBFM²,
Fatmah Mohsen Al Hejji MD SBFM³, EsraAl-Zaid² and Nada A. Al Bunaian²

1. Family Medicine Senior Registrar.
2. Family Medicine Consultant, SBFM, ABFM.
3. Family Medicine ConsultantMD, SBFM, ABFM, MHPE, MShealth Administration.

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Abstract

Introduction: The concept of being infected with Sexually Transmitted Infections (STIs) is culturally sensitive in Saudi Arabia. Considering the impact and cost-effectiveness of early diagnosis and treatment, studying the care-seeking behaviors of the Saudi population towards STIs is essential. Therefore, this research aimed to evaluate care-seeking behaviors towards STIs and associated factors in Saudi Arabia.

Methods: A cross-sectional study was conducted in 2022, including 420 adults aged 18-60, male and female, Native Arabicspeakers, and living in Saudi Arabia. A self-administered, community-based, and computerized questionnaire was constructed by the researchers and distributed via social media. Data analysis was managed using the Statistical Package for Social Sciences (SPSS) version 27.

Results: A total of 420 participants were included in this study. 77% of respondents were willing to seek care once they suspect having STIs. All socioeconomic factors and perceived barriers were introduced into a logistic regression model that included different variables such as religion, working hours, income, fear of legal issues, condom protection knowledge, STIs symptoms knowledge, and transmission route knowledge had significant relationship with willingness to seek healthcare. Furthermore, more than 52% had no obstacles to report STIs, while the remaining respondents had some obstacles. The three most prominent obstacles were fear of breaching confidentiality (~30%), fear of stigma (~21%), and fear of partner response (~20%).

Conclusions: The study showed good-seeking behavior as the majority of the respondents were willing to seek healthcare. However, several factors and obstacles were found such as religion, working hours, income, fear of legal issues, condom protection knowledge, STI symptoms knowledge, transmission route knowledge, fear of breaching confidentiality, fear of stigma, and fear of partner and family responses.

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Corresponding Author:- Hanan Abdullah Al Hajji MD SBFM

Address:- Family Medicine Senior Registrar.

Introduction:-

Sexually transmitted infections (STIs) are multiple, sexually acquired clinical infections affecting the body by different pathogens. They are mainly transmitted via all types of sexual contact. The most common STIs with the most significant incidences are Syphilis, Gonorrhoea, Chlamydia, Trichomoniasis, Hepatitis B virus (HBV), Herpes Simplex virus (HSV), Human Immunodeficiency virus (HIV), and Human Papillomavirus (HPV).⁽¹⁾

STIs are an international issue; A worldwide estimation of one million cases is reported every day by the World Health Organization (WHO). Hence, it is one of the leading causes for patients to seek medical attention.⁽¹⁾ Meanwhile, the data about the prevalence of STIs in Saudi Arabia are limited; an estimation of 92 cases per 100000 yearly was lastly documented in 2016. This limitation is rather due to religious and cultural concerns.⁽²⁾

Several behaviors contribute to spreading and acquiring STIs, for instance, having multiple partners, homosexuality, Intravenous drug abuse, and previous history of STI.⁽³⁾ STIs presentation range from asymptomatic to severe with complications.⁽⁴⁾ The most common symptoms are vaginal or penile discharge, dyspareunia, dysuria, lower abdominal pain, genital ulcers, and/or pruritus.⁽⁴⁾ Some significant complications of STIs include pelvic inflammatory disease (PID), ectopic pregnancy, and infertility.⁽³⁾

STIs can be easily diagnosed and treated based on their clinical presentation only, such as gonorrhoea and HPV.⁽⁴⁾ Fortunately, single dose of antibiotics is available and highly effective in eradicating several STIs. Also, rapid management of non-curable STIs is crucial in limiting the risk of morbidity and mortality. Co-infection with more than one type of STI is typical among high-risk patients; hence, a prompt screening for other common STIs must be offered to them and to their sexual partners to limit the risk of spreading of the disease, increase the chance of the infection eradication, and prevent complications.⁽³⁾ Although the collaboration between multiple medical specialties is essential in treating and preventing STIs complications, primary health care physicians are currently the main providers for STIs services.⁽⁶⁾

Up to the researcher's knowledge, several international studies that address STIs were more than seven years old. Despite the high prevalence presented in the literature, there are no available data in Saudi Arabia studying the possible factors attributing to the population's perception toward STIs, and their treatment-seeking behavior.

The magnitude of the STIs is increasing based on a study done in the period between 2005 to 2012 in Saudi Arabia.⁽²⁾ Non-gonococcal urethritis was the most common infection in the country, which can be treated with available single-dose medication. Moreover, Saudis poor knowledge and attitude toward STIs was also reported by another study.⁽⁷⁾

The concept of being infected with STI is culturally sensitive in Saudi Arabia due to the conservative society, Islamic faith, and tribalism. Considering the impact and cost-effectiveness of early diagnosis and treatment of STIs, studying the care-seeking behavior of our population toward STIs is essential.

Therefore this research question is: What are the factors associated with the care-seeking behaviors towards STIs in Saudi Arabia?

Literature Review:-

Several studies carried out worldwide have addressed people's knowledge of STIs and the obstacles towards seeking treatment.⁽⁸⁻¹⁰⁾ These studies have demonstrated Individual barriers such as lack of knowledge about STIs, fear of blame from partner or family, and social stigma, in addition to health services barriers like concerns about confidentiality and provider unprofessionalism, cost, availability, and accessibility to the service.

Based on a study done in Vietnam, Women with a low level of education tend to delay their health care visits for an STI.⁽¹¹⁾ However, having an ultimate trust in one steady partner was found to be the most common barrier for women in the United States (US) to seek a doctor regardless of their ethnicity, income, or education level.⁽¹²⁾

As it was highlighted by Brackbill, R M et al., Due to the nature and symptoms of the STI, women were more likely to delay seeking treatment because of being asymptomatic. In contrast, men will seek treatment earlier for dysuria.⁽¹³⁾

Moreover, The women of Missouri preferred addressing their STI concerns at a non-STI clinic that provides other services, such as gynecological and family planning.⁽¹²⁾ This is consistent with the findings of another study where the elderly were more likely to get treatment for an STI than the young Iranian population due to being encountered with the health services for other medical issues more often.⁽¹⁴⁾ However, these findings were opposed by a study done in the US on both genders as about two-third of the participant preferred the STI clinic.⁽¹⁴⁾

As Thi Thu, Hien et al., 90% of the Vietnamese seek care for STIs in non-public services and pharmacies.⁽¹¹⁾ Moreover, According to a study based in Iran, women tend to self-treat and seek alternative medicine more often than men.⁽¹⁴⁾

In addition, a study placed in Baltimore showed that men with high-risk behavior such as having sex with men and having multiple partners preferred visiting private clinics over public clinics and were more likely to seek screening.⁽¹⁵⁾ In contrast, more than 95% of the public clinic visitors were heterosexual.⁽¹⁸⁾

A study done in the Us, focused attention on the patient income and cost of the service roles in the patient clinic preferences, while patients with low income favored visiting the emergency room or family planning clinic, those with high income were more likely to visit privet clinics.⁽¹³⁾

Furthermore, knowledge about the available health services contributed to the delay of the adolescents to seek help for STI based on the results of Kennedy, et al. In addition, the Judgment of the health provider and confidentiality was of high concern. Next, Social stigma and fear of society's blame were common obstacles toward seeking care for an STI in several previous studies.⁽¹⁶⁾

Moreover, a cross-sectional study done in India demonstrated poor health-seeking behaviors among unemployed, female, illiterate, homosexual or bisexual, and Muslim clients.⁽¹⁷⁾ Similarly, due to cultural and religious influence, Muslim women's poor knowledge and attitude toward STI were addressed by a systemic review, including studies from 13countries.

According to El-Tholoth HS et al., the knowledge about STIs other than HIV/AIDS was limited among the Saudis.⁽⁷⁾ The study draws a correlation between poor knowledge and the increasing incidence of STIs in Saudi Arabia. Furthermore, an estimation of 92/100000 cases per year was reported between 2005 to 2012 in Saudi Arabia.⁽²⁾

Chapter Two:

Aim And Objectives:-

Aim:-

To evaluate care-seeking behaviors towards STIsand associated factors in Saudi Arabia.

Objectives:-

Main objective

- To measure the STI's care-seeking prevalence among the population of Saudi Arabia.

Secondary objectives

- To identify individual risk behaviors and clinical obstacles preventing health-seeking behaviors towards STIs in Saudi Arabia.

- To measure the association between theobstacles and the willingness to seek healthcare.

Chapter Three :

Methodology:-

Study design

An analytic cross-sectional study.

Study setting and time

The community-based study was conducted during the second half of 2022 in Saudi Arabia.

Inclusion criteria:

1. Adult
2. 18-60 years of age
3. Female and male
4. Native Arabic speaker
5. Living in Saudi Arabia.

Exclusion criteria:

1. Unable to communicate
2. Non-Arabic speakers

Sampling technique and Methods:-

1. A convenient sampling technique was utilized. From the Saudi community via social media (e.g. WhatsApp groups, Telegram groups, Twitter timeline, and Instagram story).
2. Data was collected anonymously using google forms.
3. Questions about age and residency were asked in the Arabic language to exclude the un-targeted population.

Sample size

The sample size was calculated in regard to the density of the Saudi adult population according to the general authority for statistics, 2019 (18). The sample size was calculated to be 385, with a confidence interval of 95%. 20% was added to overcome outliers, giving a final sample of 462 participants. Sample size was calculated using the formula: $n = (Z^2 \times P \times (1 - P)) / e^2$

Where:

- Z = value from standard normal distribution corresponding to desired confidence level (Z=1.96 for 95% CI)
- P is expected true proportion
- e is desired precision (half desired CI width)

Study variables:

Independent: Table 1&2*.

Individual factors						
Age	Gender of patient	Place of residency	Religion	Culture	Marital Status	Extramarital/premarital sex
Number of partners	Education	Employment	Income	Work type	Working hours	Travel history
Stigma/shame	Reputation	Fear of partner blame	Fear of family	Denial	Trust of partner	Risky sexual behaviors
Iv drug abuse	Illicit drug abuse	Smoking	Previous Hx of STI	Condom use	Acceptability of treatment	Lack of knowledge
Sex education in schools	STI pre-marital screening	Unsure where to go	Asymptomatic	Alternative Medicine	Legal concerns	Knowledge about STIs

*Table 1:- Individual factors.

Clinical Factors			
Access to the Service	Cost	Insurance concerns	Confidentially concerns
Clinic distance	Public vs privet clinic	Availability if service	Waiting time
Gender of the provider	Age of the Provider	Service provider attitude	Service provider knowledge

*Table 2:- Clinical factor.

Dependent: Table 3*.

Seeking care in primary clinic.

*Table 3:- Dependent variable.

Data collection method:

A self-administered, computerized questionnaire was constructed by the researchers in the Arabic language.

It consists of four sections:

part I: Background information

part II: Individual factors leading to STIs.

part III: clinical factors associated with STIs services.

part IV: seeking behaviors toward STIs treatment.

(For the complete questionnaire please refer to Appendix 1)

Validity and Reliability:

Construct validity:

A total of 48 variables were obtained from the extensive literature review of 16 articles addressing similar topics, ten variables were excluded due to irrelevant to any components of the questionnaire, and the researchers added five variables due to the cultural variation of our population. All the variables were included in parts II-IV.

The Variables were classified into three main constructs;

1- Individual factors are leading to STIs.

2- Clinical factors associated with STIs services.

3- Seeking behavior towards STI treatment.

Content validity:

10 experts (Infectious diseases, Urology, Gynecology, and Family medicine consultants) were asked to validate the content by scoring the most important variable to be included based on the research question. An average score of more than 6/10 must be given by the experts to each variable to be included in the questionnaire.

Pilot:

It was conducted to ensure the clarity of the questionnaire. It was constructed among 30 participants, and they were not be included in the main study, to test the validity of the questionnaire.

Reliability:

Were calculated for each construct by Cronbach's alpha (Cronbach's alpha >0.7).

Data analysis:

Data were managed with the assistance of a statistical advisor using SPSS version 27.

The following were considered:

1. All continuous data were presented in mean, median, and standard deviation.
2. Categorical data were presented in percentages.
3. Regression models were used to identify important predictors for willingness to seek healthcare for STIs.
4. By applying a suitable statistical test to the data, P value less than 0.05 were considered significant.

Ethical considerations:

1. Ethical approval was taken from the Family Medicine Academy.
2. The administration approval was taken from the King Fahad Specialist Hospital- Dammam (KFSH-D) Institutional Review Board (IRB).
3. The anonymity of the participants and confidentiality of the information were preserved.
4. By answering the questionnaire, informed consents were taken from the participant.

Budget:

Self-funded.

Chapter Four:

Study Results:-

A total of 420 participants were included in this study, 68.8% of them were females. More than half of the respondents were 36-45 years old, while 16% were 25 years old or less. The majority of the respondents were living in the Eastern area and almost all respondents were Saudis or Muslims, as only 0.7% and 1.7% were non-Saudis and non-Muslims, respectively. Furthermore, 66.4% of the respondents were married, 94.3% of them have been

married once and 4% have been married more than one time. Among men, 98.6% had currently one wife, while 1.4% had two wives (table 1).

Most of the respondents (93.1%) had a good level of education (Bachelor or postgraduate level) and about half of them were working in a governmental institute. In addition, About 65% were working in an office and two-thirds of the respondents were working with fixed working hours. Moreover, About 91% had to travel for work while 2.6% had to travel for more than 3 months. Regarding income, 59% had a monthly income of more than 10000 SAR, while 20% had low incomers with less than 5000 SAR income (table 2).

Table 3 shows risk behaviors and factors related to STIs among the respondents. About three-quarters of the respondents were sexually active and 20.5% started to engage in sexual activity at an age younger than 20 years old. Concerning the extramarital relationship, 16.9% had relationships outside the marriage and the majority of them had more than one relationship. Additionally, Only 18.6% reported their sexual preferences and most of the respondents preferred the opposite gender, whilst 0.7% and 1% preferred the same gender and both genders, respectively. The prevalence of smoking was 21.4%, while psychoactive substances and alcohol were used by 5.5% and 8.8% of the respondents, at least once in their life. Only 2.1% have visited local places for sexual entertainment while 6% have traveled abroad for sexual entertainment. In regards to STIs, only 1.9% had a history of STIs and one person experienced that twice. Interestingly, More than half of the respondents (53.8%) have never used condoms during their sexual relationships and the majority of condom users (53%) were wearing condoms for contraceptive purposes.

The distribution of knowledge items about STIs among the respondents was demonstrated in table 4. Without a doubt, different levels of knowledge about the type of STIs were reported among the respondents, as the proportion of knowledgeable people ranged from 99% in gonorrhea infection to 34% in trichomoniasis disease. In addition, regarding the knowledge of STIs symptoms, almost three-quarters of the respondents knew about vaginal or penile discharge as symptoms of STIs. Moreover, More than half of the respondents reported knowledge of itching, ulceration, dysuria, dyspareunia, and lower abdominal pain as symptoms of STIs. Additionally, only 44.5% knew that fever could be a symptom of STIs and 17.6% were not aware of STIs symptoms.

Concerning the knowledge about the route of STIs transmission, about 84% and 72% were aware of vaginal and anal intercourse as routes of STIs transmission. About two-thirds of the respondents were aware of the role of blood products and oral sex in the transmission of STIs. Clearly, The lowest awareness proportion (22.6%) was reported for knowledge about breastfeeding as a mode of transmission, followed by knowledge about saliva and vertical transmissions with 51.9% and 53.6%, respectively. About 83% of the respondents knew that there is a cure for some types of STIs. 18.3% thought that condoms are 100% protective against STIs (table 4).

Preferences for STIs healthcare services were illustrated in table 5. About 27% preferred visiting a close health care facility, whereas about half of the respondents found the distance irrelevant. In regards to the type of health care facility, 42.1% preferred private facilities but only 17.4% preferred governmental facilities. Additionally, Only 14.8% have talked with their physicians about STIs, and 58.6% preferred the health provider to be of the same gender, while the age of the health provider was not important for 62.9% of the respondents (table 5).

Table 6 presents the health-seeking behaviors towards STIs. More than three-quarters of the respondents said they will seek medical treatment, once they suspect having STIs, whilst 8.1% said they will never seek healthcare (Figure 1). Most of the respondents believed they had the right to know if their sex partners get diagnosed with STI and 97.6% said that they will get a medical check-up. About 93% claimed they will stop having sex with their STIs infected partners. A high awareness was reported towards getting a premarital screening for STIs and educating students about STIs in the school, as 97.1% and 84.5% agreed to these items.

About 52% of the respondents had no perceived barriers to the management of STIs. On the other hand, The most common barrier was fear of breaching the confidentiality which affected 29.8%, followed by fear of stigma, and fear of partner and family response which affected between 19% to 21.4% of the respondents, respectively. Furthermore, The lowest prevalent barrier among the respondents was fear of health insurance issues (4.3%), followed by the fear of treatment cost and lack of knowledge about STIs health services which were reported by 6.7% and 7.1% of the respondents (table 7).

Table 8 shows significant predictors of willingness to seek healthcare, once get infected with STIs. All socioeconomic factors and perceived barriers were introduced into a logistic regression using the step-back technique with likelihood ratio test (LR) for predictors selection. In the last step of model selection, only fear of legal issues, religion, and income were found significantly associated with willingness to seek healthcare among the respondents. Respondents who had fear of legal issues were 3.3 times less likely to seek healthcare for STIs than those who had no such fear. Muslims were 34.8 more likely to seek healthcare for STIs than non-Muslims and those who had a high income (10,000) were 2.8 times more likely to seek healthcare for STIs than a low-income group with less than 5000 SAR per month.

Table 9 shows significant predictors of willingness to seek healthcare, once get infected with STIs. All socioeconomic factors and knowledge items were introduced into a logistic regression using the step-back technique with likelihood ratio test (LR) for predictors selection. In the last step of model selection, significant predictors were religion, working hours, income, knowledge about condom protection, knowledge about STIs symptoms, and knowledge about STIs transmission. Muslims were 38.7 more likely to seek healthcare for STIs than non-Muslims and those who had a high income (10,000) were 3.6 times more likely to seek healthcare for STIs than a low-income group with less than 5000 SAR per month. Moreover, respondents who were working fixed hours were 2.1 times more likely to seek healthcare for STIs than those who were working shift hours. Those who know about condom protection, symptoms, and transmission of STIs were 1.7, 2.2, and 2.9 times more likely to seek healthcare for STIs than those without, respectively.

Table (1):- Demographic characteristics of the respondents.

Characteristics	Frequency	Percent (%)
Gender		
Male	131	31.2
Female	289	68.8
Age		
25 or less	67	16.0
26-35	226	53.8
36-45	74	17.6
46-55	40	9.5
>55	13	3.1
Residence area		
Central area	28	6.7
Eastern area	366	87.1
Western area	22	5.2
Southern area	2	0.5
Northern area	2	0.5
Nationality		
Saudi	413	98.3
Non-Saudi	7	1.7
Religion		
Muslim	417	99.3
Non-Muslim	3	0.7
Marital status		
Single	121	28.8
Married	279	66.4
Divorced	13	3.1
Widow	7	1.7
Number of marriages (previously and currently)		
single	123	29.3
One marriage	282	67.1
Two marriages	12	2.9
Four marriages	3	0.7
Number of current wives (for men only)		

One wife	76	18.1
Two wives	1	.2
Not applicable	343	81.7

Table (2):- Socio-economic characteristics of the respondents.

Characteristics	Frequency	Percent (%)
Educational level		
Under high school	2	0.5
High school	27	6.4
Bachelor	281	66.9
Master	110	26.2
Occupation		
Governmental	206	49.0
Private	106	25.2
Student	48	11.4
Not working	50	11.9
Retired	10	2.4
Type of work		
Office	274	65.2
Field	95	22.6
Both	10	2.4
Not applicable	41	9.8
Working hours		
Shifts	87	20.7
Fixed	293	69.8
Not-applicable	40	9.5
Do you have to travel for work?		
yes	36	8.6
no	384	91.4
If yes, how long do you travel for work?		
1-3 months	25	6.0
4-6 months	6	1.4
> 7 months	5	1.2
Monthly income (SAR)		
Less than 5000	84	20.0
From 5000 to 10000	88	21.0
More than 10000	248	59.0

Table (3):- Risk-behaviors and factors related to STIs among the respondents.

Factors	Frequency	Percent (%)
Are you sexually active?		
Yes	308	73.3
No	112	26.7
What is your age at the first sexual relation?		
<20	86	20.5
21-25	126	30.0
26-30	65	15.5
31-35	13	3.1
Not-reported	130	31.0
Have you ever has relation outside the marriage?		
No relationship	349	83.1
One relationship	28	6.7
More than one relation	43	10.2

What is your sexual preferences?		
Not-reported	342	81.4
Same gender	3	0.7
Opposite gender	71	16.9
Both genders	4	1.0
Are you smoker?		
Yes	90	21.4
No	330	78.6
Life-time use of psycho-active substances		
Any substance (other than alcohol)	23	5.5
Intravenous drugs	1	0.2
Alcohol	37	8.8
Have ever visited local places for sexual entertainment?		
Yes	9	2.1
No	411	97.9
Have ever travelled abroad for sexual entertainment?		
Yes	25	6.0
No	395	94.0
Do you have a history of STIs?		
Yes	8	1.9
No	412	98.1
How many times did you get infected with STIs?		
Once	7	1.7
Twice	1	0.2
Not-applicable	412	98.1
Do you use condom?		
Always	83	19.8
Sometimes	111	26.4
None	226	53.8
If yes, why do you use condom?		
Prevent pregnancy	130	31.0
Prevent STI	22	5.2
Both	32	7.6
Not-applicable	236	56.2

Table (4):- Distribution of knowledge items about STIs among the respondents.

Items	Frequency	Percent (%)
What STIs do you know ?		
I don't know	23	5.5
I know about Gonorrhoea	416	99.0
I know about HIV	385	91.7
I know about Syphilis	306	72.9
I know about herpes simplex virus	303	72.1
I know about B Hepatitis	288	68.6
I know about HPV	209	49.8
I know about Chlamydia	174	41.4
I know about Trichomoniasis	144	34.3
What are the symptoms of STIs?		
I don't know	74	17.6
Vaginal or penis discharge	319	76.0
Itching	284	67.6
Ulceration	280	66.7
Burning sensation when urinating	278	66.2
Pain during sexual intercourse	263	62.6

Lower abdominal pain	217	51.7
Fever	187	44.5
What are the possible routes of STIs transmission?		
I don't know	39	9.3
Vaginal sex	354	84.3
Anal sex	303	72.1
Blood and blood products	297	70.7
Oral sex	275	65.5
Vertical transmission from mother	225	53.6
Saliva	218	51.9
Breastfeeding	95	22.6
Is there a cure for STIs?		
Yes	348	82.9
No	11	2.6
Does the use of condom protects 100% from STIs?		
Yes	77	18.3
No	265	63.1
Not-reported	78	18.6

Table (5):- Preferences for STIs healthcare services among the respondents.

Factors	Frequency	Percent (%)
What is the distance to health facility that you will go to seek medical management of STIs?		
Near	114	27.1
Far	101	24.0
Not important	205	48.8
What type of health facility that you prefer to receive healthcare in?		
Governmental	73	17.4
Private	177	42.1
Not important	170	40.5
What age of the health provider that you prefer?		
Same age	27	6.4
Older	126	30.0
Younger	3	0.7
Not important	264	62.9
Do you prefer the health provider to be of the same gender as yours?		
Yes	246	58.6
No	21	5.0
Not important	153	36.4
Have you ever talked with your doctor about STIs ?		
Yes	62	14.8
No	358	85.2

Table (6):- Health-seeking behaviors towards STIs among the respondents.

Factors	Frequency	Percent (%)
If you doubt that you have STIs, how likely that you will seek medical treatment?		
Never	34	8.1
Sometimes	63	15.0
Most of the time	323	76.9
Do you think that you have to know if your partner get infected with STIs?		
Yes	413	98.3
No	7	1.7
If your partner get diagnosed with STIs, will you seek medical advise?		
Yes	410	97.6
No	10	2.4

If your partner get diagnosed with STIs, will you stop having intercourse with him/her??		
Yes	390	92.9
No	30	7.1
Do you think that it is important to do pre-marriage screening for STIs?		
Yes	408	97.1
No	12	2.9
Do you think that it is important to educate students about STIs in the school?		
Yes	355	84.5
No	65	15.5

Table (7):- Perceived barriers related to management of STIs among the respondents.

Barriers	Frequency	Percent (%)
No barriers	219	52.1
Fear of violation of information privacy	125	29.8
Fear of stigma	90	21.4
Fear of partner response	87	20.7
Fear of family response	80	19.0
Fear of dealing with diseaseconsequences	63	15.0
Lack of symptoms	62	14.8
Fear of legal issues	54	12.9
Lack of knowledge about symptoms	52	12.4
Lack of knowledge about the risk of delaying treatment	44	10.5
Fully trust the partner	43	10.2
Lack of knowledge about STIs treatment	30	7.1
Fear of cost of treatment	28	6.7
Fear of health insurance issues	18	4.3

Table (8):- Significant predictors of willingness to seek healthcare, once get infected with STIs (using LR test-based backwards selection from socio-demographics and barriers items).

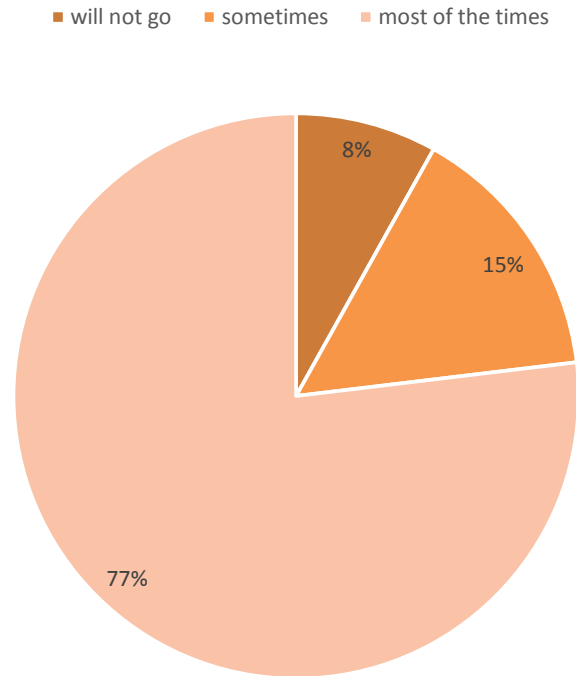
Predictors	Categories	Reference group	P value	Odds ratio	Lower limit (95% C.I)	Upper limit (95% C.I)
Fear of legal issues	Yes	No	0.003*	0.3	0.1	0.6
Religion	Muslim	Non-Muslim	0.006*	34.8	2.8	427.4
Monthly income (SAR)	5,000-10,000	<5,000	0.393	1.5	0.6	4.1
	>10,000	<5,000	0.016*	2.8	1.2	6.6
Constant			0.269	0.2		

Table (9):- Significant predictors of willingness to seek healthcare, once get infected with STIs (using LR test-based backwards selection from demographics and knowledge items).

Predictors	Categories	Reference group	P value	Odds ratio	Lower limit (95% C.I)	Upper limit (95% C.I)
Religion	Muslim	Non-Muslim	0.006*	38.70	2.78	538.32
Work hours	Fixed hours	Shift hours	0.033*	2.10	1.06	4.15
Monthly income (SAR)	5,000-10,000	<5,000	0.222	1.90	0.68	5.32
	>10,000	<5,000	0.006*	3.60	1.44	9.01

Does use of condom protect 100% from STIs?	Yes	No	0.088	1.73	0.92	3.23
know about symptoms of STIs	Yes	No	0.054	2.26	0.99	5.17
know about transmission routes	Yes	No	0.043*	2.91	1.04	8.17
Constant			<0.001*	0.00		

Figure (1):- Health-seeking behaviors towards STIs among the respondents.



Chapter Five:

Discussion:-

Sexually transmitted infections (STIs) is an important health issue that has emerged, particularly among young adults in developing countries. Globally, in the last three decades, an increase in the incidence of gonorrhoea, chlamydia, HIV, and HPV was noticed even in developed countries^(19, 20) Along with the lack of proper knowledge about STIs, they can be transmitted easily, as many STIs are asymptomatic⁽²⁾

A low proportion of our respondents had a history of STIs compared to a study done in the United States where 11.7% of the female participants had a history of STIs⁽²³⁾ The difference could be attributed to the cultural variation in lifestyle, social norms, and the conservative society in Saudi Arabia.

Early diagnosis and treatment are important for the prevention and control of STIs. The majority of our respondents were willing to seek medical treatment, once they suspect of having STIs. This is consistent with the results of a study done in the Qassim region where most of married women agreed on the importance of seeking healthcare for STIs, nearly half of them sought healthcare when they had any STIs symptoms⁽²⁴⁾

We have found in our study that some of the most common obstacles to seeking care for STIs were fear of stigma, fear of partner response, and fear of family response. Fear of partner and family responses are indirectly affected by the social stigma of STIs. In addition, according to Lichtenstein B et al., Stigma was different between men and women perspectives, as women with repeated STIs were identified as “bad women” by health workers in primary

health centers. Hence, This stigma may reduce the willingness of female patients to seek healthcare for STIs.⁽³³⁾ This is consistent with the findings of another study where young adults would feel ashamed if they were diagnosed with HPV.⁽³⁰⁾ Furthermore, A qualitative study conducted in Brazil, found that stigma and lack of knowledge are the main reasons for delayed health seeking among patients with STIs.⁽³⁴⁾

We have found that religion, working hours, income, fear of legal issues, knowledge about condom protection, knowledge about STIs symptoms, and transmission were significantly associated with willingness to seek healthcare. Whereas high educational level and higher socioeconomic status were found as the main predictors of treatment seekers for STIs among women in Qassim.⁽³¹⁾ Therefore, educated women or women from high social status are more likely to have access to accurate information and better healthcare.

A wide range of knowledge regarding STIs was noticed in our study, ranging from 99% in gonorrhea infection to 34% in trichomoniasis disease. Moreover, several researchers have documented a low knowledge regarding HPV infection.^(29,30) Similarly, about half of our research subjects have never heard about HPV.

The majority of our respondents had sufficient knowledge regarding vaginal and anal intercourse as routes of STI transmission. Compared to international studies, even in developed countries, such as Scandinavian countries, 20% of young adults were not aware of the transmission of HIV and chlamydia through unprotected vaginal sex.⁽³¹⁾

Proper knowledge of STIs symptoms and red flags plays an important role in patients seeking behaviors to health care, abstinence from high-risk behaviors, and infection control. A slightly higher percentage of our studied group knew about genitalia discharge and ulceration compared to a study done in Qassim, Saudi Arabia.⁽²⁴⁾ Furthermore, the majority of the respondents in the present study believed that Some STIs are treatable, which is similar to the results of AL-Batanony M A et al., where 77.2% believed that STIs had a cure.⁽²⁴⁾

More than half of our respondents have never used a condom during their sexual relationships and the majority of condom users were wearing condoms only for contraceptive reasons. Similarly, condoms were used as a method of birth control among adult males aged more than 50 years old in a Study done in Qassim.⁽³²⁾ Moreover, 93% of our respondents claimed they will abstain from sex with their STIs-infected partners. In contrast to the subjects of a study done in the United States, subjects claimed that they will wear a condom if their partner got infected with HPV. It seems that cultural background affects the sexual behaviors among the participants.

In the present study, about three-quarters of the respondents were sexually active and 16.9% had extra-marital relationships and the majority of them had more than one relationship. Additionally, about 28% of American women had more than one partner and a quarter of them have never used a condom.⁽²³⁾ Moreover, the presence of multiple sex partners was found as a strong predictor of both self-reported history and clinical diagnosis of STIs.^(37, 38)

In the present study, lifetime use of alcohol and psychoactive substances was low. A higher prevalence of high-risk behaviors was reported among American women. Moreover, 36% of these women practiced sexual intercourse after drinking alcohol or using drugs.⁽²³⁾ This behavior would further increase the risk of acquiring STIs.

A high level of awareness was reported towards getting a pre-marital screening for STIs and educating students about STIs at schools, as the majority agreed to these items. Whereas, American students and family center attendees, reported that the best methods to receive information about STIs were brochures (61.4%) and health staff (46.2%), while educational classes were reported by 22.8%.⁽²⁹⁾

We believe due to the sensitivity of the issue, studying STIs in a conservative society may contribute to the limitation in collecting a convenient sample via social media, as well as underestimating and underreporting of the cases. A combination of quantitative and qualitative approaches might highlight the unknown barriers to healthcare seeking for STIs.

Chapter Six:

Conclusion and Recommendation:-

Good health-seeking behavior was perceived as a high percentage of the respondents were willing to seek medical treatment, once they suspect having STIs. However, several factors and barriers were found, including religion, working hours, income, fear of legal issues, knowledge about condom protection, knowledge about STI symptoms,

knowledge about STI transmission routes, fear of breaching confidentiality, fear of stigma, and fear of partner and family responses.

Due to the sensitivity of the topic many patients may not be open to discussing STIs voluntarily. We highly recommend physicians, especially primary care physicians to counsel patients and create a safe environment to discuss safe sexual practices, encourage using condoms, avoid high-risk behaviors, and screen for STIs. Hence, receiving medical treatment as soon as possible would prevent complications and minimize the spreading of infections. In addition, establishing STIs clinics, with clear pathways, while preserving patient confidentiality may increase the patient's care-seeking behavior.

Based on the findings, knowledge regarding certain types of STIs such as HPV, Chlamydia, and Trichomoniasis was insufficient. Therefore, we recommend conducting educational campaigns that target increasing awareness about STIs. Moreover, the inclusion of sex education materials was found to be acceptable by a considerable proportion of the respondents.

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Appendices

Appendix 1: The research questionnaire

دعوة للمشاركة بدراسة بحثية
عنوان البحث: دراسة سلوك البحث عن الرعاية الصحية للأمراض المنقولة عبر الجنس في السعودية

الباحث الرئيسي: حنان عبدالله آل حجي
نود أن تطلعك على دراسة بحثية نقوم بها. الدراسات البحثية هي الوسيلة لمعرفة المزيد عن أي شيء. هذا البحث يهدف إلى دراسة العوامل المؤدية لعدم التوجه للرعاية الصحية في حال الإصابة بالأمراض المنقولة عبر الجنس في المملكة العربية السعودية. أنت مدعو/ة للانضمام إلى هذه الدراسة لأنك فرد من المجتمع السعودي الذي يمكنه مساعدتنا في هذا البحث.

٧-١٠ دقائق من وقتك.

إذا وافقت على المشاركة بهذه الدراسة، سوف يطلب منك أن تقوم بتعبئة استبيان باللغة العربية قد يستغرق يشمل الاستبيان بعض الأسئلة الشخصية والحساسية التي قد تسبب انزعاج للبعض ولكنها مهمة لموضوع البحث. لا توجد فوائد من انضمامكم لهذا البحث. ومع ذلك، فالفوائد المحتملة للآخرين، تشمل:

- الحد من انتشار الأمراض بين أفراد المجتمع بالتشخيص المبكر وتلقي المرضى للعلاج المناسب.
- توعية المجتمع بأهمية العلاج والوقاية.
- توعية المجتمع بوجود الرعاية الصحية المناسبة.
- دراسة الأسباب والمعوقات التي تمنع المرضى من التوجه لتلقي العلاج في الرعاية للاستفادة وتطوير الخدمات الصحية.

ليس عليك الانضمام إلى هذه الدراسة. الأمر متروك لك. يمكنك أن توافق أو لا توافق على المشاركة. كل ما عليك القيام به هو أن تقول لنا أنك تريد التوقف. لن يغضب أي شخصاً كنت لتريد المشاركة في الدراسة أو إذا شاركت بالدراسة وغيرت رأيك في وقت لاحق وتوقفت

قرارك بالمشاركة أو لا، لن يؤثر على وضعك العلاجي أو الوظيفي أو الدراسي
قبل أن تقول نعم أو لا للمشاركة هذه الدراسة، فإننا سنرد على أية أسئلة لديك. إذا اشتركت بالدراسة، يمكنك طرح الأسئلة في أي وقت. كل ما عليك قوله للباحث أنه لديك سؤال

إذا كان لديك أي أسئلة حول هذه الدراسة لا تتردد في الاتصال

د. حنان عبدالله آل حجي

البريد الإلكتروني: alhajji.hanan@hotmail.com

رقم الجوال: ٥٨٣١٢٦٩٠١

إذا قمت بتعبئة الاستبيان، فهذا يعني أنك توافق على المشاركة في هذه الدراسة البحثية

لقد روجعت هذه الدراسة واعتمدت من قبل لجنة أخلاقيات البحث بمستشفى الملك فهد التخصصي بالدمام، وفقاً للوائح المعمول بها في المملكة العربية السعودية والتي تهدف إلى حماية حقوق مصلحة المشاركين في البحث. ويمكنك التحدث إليهم عبر الهاتف: +966 13 8443333 :تحويلة 2978 أو 2904 أو البريد الإلكتروني: IRB@kfsh.med.sa :بخصوص أي مما يلي :

- أسئلتك، ومخاوفك، أو شكواك التي لم تتم إجابتك عنها من قبل فريق الدراسة
 - لا يمكنك الوصول لفريق الدراسة.
 - ترغب في التحدث إلى شخص ما إلى جانب فريق الدراسة.
 - لديك أسئلة حول حقوقك كمشارك في الدراسة.
 - ترغب في الحصول على معلومات أكثر حول هذه الدراسة أو إبداء أي ملاحظات
- ✓ رقم الدراسة: EXT0396

الجزء الأول: معلومات عامة (اختر إجابة واحدة)

1 - العمر:

2 - الجنسية:

1. سعودي

2. غير سعودي

3 - منطقة السكن :

1. المنطقة الوسطى

2. المنطقة الشرقية

3. المنطقة الغربية

4. المنطقة الجنوبية

5. المنطقة الشمالية

6. أخرى (اذكرها)

4 - الديانة :

1. مسلم

2. غير مسلم

5 - الجنس :

1. ذكر
2. انثى

6 - الحالة الاجتماعية:

1. متزوج/متزوجة
2. عازب/ عازبة
3. مطلق/مطلقة
4. أرمل/ أرملة

7 - ماهو عدد الزوجات السابقة والحالية (للذكور والإناث):

8 - ماهو عدد الزوجات حالياً (للذكور فقط):

1. زوجة واحدة
2. زوجتان
3. ثلاث زوجات
4. أربع زوجات
5. لا ينطبق

9 - المستوى التعليمي:

1. أقل من ثانوي
2. ثانوي
3. جامعي
4. دراسات عليا

10 - الوظيفة:

1. موظف حكومي / موظفة حكومية
2. قطاع خاص
3. طالب/ طالبة
4. لا أعمل
5. أخرى (اذكرها)

11 - ساعات العمل :

1. مناوبات
2. ساعات ثابتة
3. لا ينطبق

12 - طبيعه العمل :

1. مكتبي
2. ميداني
3. أخرى (اذكرها)

13 - هل تتطلب منك طبيعة عملك السفر ؟

1. نعم
2. لا

14 - إذا كانت الإجابة نعم ، كم عدد الشهور التي تقضيها خارج مدينتك خلال السنه ؟

15 - الدخل الشهري:

1. أقل من ٥٠٠٠ ريال سعودي
2. من ٥٠٠٠ الى ١٠٠٠٠ ريال سعودي
3. أكثر من ١٠٠٠٠ ريال سعودي

الجزء الثاني : دراسة العوامل المتعلقة بالفرد المؤدية للأمراض الجنسية: (اختر إجابة واحدة)

16 - هل تمارس العلاقة الجنسيه ؟

1. نعم
2. لا
- 17 - العنر عند إقامة علاقة جنسية للمرة الأولى ؟
- 18 - هل لديك أو سبق أن كان لك علاقات خارج نطاق الزواج ؟
1. لا يوجد علاقات
2. علاقة واحدة
3. أكثر من علاقة
- 19 - مانوع العلاقات التي مارستها خارج نطاق الزواج ؟
1. لا يوجد علاقات
2. علاقة مع نفس الجنس
3. علاقة مع الجنس الآخر
4. علاقة مع نفس الجنس و مع الجنس الآخر
- 20 - هل أنت مدخن ؟
1. نعم
2. لا
- 21 - هل قمت بتعاطي المواد المخدرة يوماً ما ؟
1. نعم
2. لا
- 22 - هل قمت بتعاطي المواد المخدرة عن طريق الحقن يوماً ما ؟
1. نعم
2. لا
- 23 - هل قمت بتناول المشروبات الكحولية يوماً ما ؟
1. نعم
2. لا
- 24 - هل قمت بزيارة أماكن داخل المملكة العربية السعودية بغرض المتعة الجنسية يوماً ما ؟
1. نعم
2. لا
- 25 - هل قمت بالسفر خارج المملكة لغرض المتعة الجنسيه يوماً ما ؟
1. نعم
2. لا
- 26 - هل لديك تاريخ مرضي بالاصابة بمرض منتقل عبر الجنس ؟
1. نعم
2. لا
- 27 - اذا كانت الإجابة نعم ، كم مرة ؟
1. مرة واحدة
2. مرتان
3. ثلاث مرات أو أكثر
4. لا ينطبق
- 28 - هل يتم استعمال الواقي الذكري خلال العلاقة الجنسي؟
1. نعم
2. لا
3. احيانا
- 29 - اذا كانت الإجابة نعم؟ لماذا تستعمل الواقي الذكري خلال العلاقة الجنسية ؟ (يمكنك اختيار أكثر من إجابة)

1. تجنب الحمل
2. تجنب الإصابة بالأمراض المنقولة جنسيا
3. أخرى

ماهي الأمراض الجنسية التي تعرفها ؟ (يمكن اختيار أكثر من إجابة)

- 0 - لا أعلم
- 1 - السيلان Gonorrhea
- 2 - المتدثرة Chlamydia
- 3 - الزهري Syphilis
- 4 - الهربس Herpes Simplex Virus
- 5 - التهاب الكبد الوبائي ب Hepatitis B
- 6 - الايدز/ فيروس نقص المناعة البشري AIDS/HIV
- 7 - المشعرة الثلاثية Trichomoniasis
- 8 - الورم الحليمي البشري HumenPapiloma Virus
- 9 - أخرى (أذكرها)

ماهي اعراض الامراض المنقولة عبر الجنس التي تعرفها ؟ (يمكن اختيار أكثر من إجابة)

- 0 - لا أعلم
- 1 - إفرازات مهبلية أو إحصليه
- 2 - حكة
- 3 - تقرحات
- 4 - حرقان عند التبول
- 5 - حمى
- 6 - ألم اسفل البطن
- 7 - ألم أثناء الجماع
- 8 - أخرى

ماهي طرق انتقال الامراض الجنسية التي تعرفها ؟ (يمكن اختيار أكثر من إجابة)

- 9 - لا أعلم
- 0 - الجنس المهبلي
- 1 - الجنس الشرجي
- 2 - الجنس الفموي
- 3 - الانتقال عن طريق اللعاب
- 4 - عن طريق الدم ومنتجاته
- 5 - ينتقل من الأم إلى الطفل أثناء الحمل والولادة
- 6 - عن طريق الرضاعة

هل يوجد علاج لبعض الأمراض الجنسية في نظرك ؟

1. نعم
2. لا
3. لا أعلم

هل برأيك الواقي الذكري يقي من انتقال الأمراض الجنسيه بنسبة ١٠٠٪؟

1. نعم
2. لا
3. لا أعلم

الجزء الثالث: العوامل المتعلقة بالنظام الصحي المؤثرة بخدمات الأمراض المنقولة عبر الجنس: (اختر إجابة واحدة)

5 9 - في حال الشك بالإصابة بمرض جنسي هل ستتوجه لتلقي العلاج؟

1. نعم
2. لا

6 0 - اذا كانت الإجابة نعم في السؤال السابق يرجى اختيار أحد الإجابات التالية:

1. لن أذهب ابدا
2. سأذهب في بعض الأحيان

3. سأذهب في أغلب الأحيان

- 1 6 - هل تفضل الذهاب لتلقي العلاج في منشأة صحية قريبة او بعيدة في حال الإصابة بعدوى جنسية ؟
1. قريبة
 2. بعيدة
 3. غير مهم

- 2 6 - هل تفضل الذهاب لتلقي العلاج في منشأة صحية حكومية او خاصة في حال الإصابة بعدوى جنسية ؟
1. منشأة صحية حكومية
 2. منشأة صحية خاصة
 3. غير مهم

- 3 6 - تفضل ان يكون عمر الطبيب المعالج :
1. نفس الفئة العمرية
 2. أكبر عمراً
 3. أصغر عمراً
 4. غير مهم

- 4 6 - هل تفضل ان يكون الطبيب المعالج من نفس الجنس ؟
1. نعم
 2. لا
 3. غير مهم

- 5 6 - هل تحدثت مع طبيبك عن الأمراض المنتقلة عبر الجنس من قبل ؟
1. نعم
 2. لا

الجزء الرابع: السلوك الفردي تجاه تلقي للعلاج للأمراض المنتقلة عبر الجنس (اختر إجابة واحدة)

- 6 6 - في حال شككت بإصابتك بمرض منتقل جنسياً هل ستتوجه لتلقي للعلاج ؟
1. نعم
 2. لا

- 7 6 - هل ستتوجه لأخذ علاج وقائي/ لقاح قبل الإصابة ببعض الأمراض الجنسية؟
1. نعم
 2. لا

- 8 6 - في حال تم تأكيد إصابتك بمرض جنسي هل ستخبر شريكك بذلك ؟
1. نعم
 2. لا

- 9 6 - هل من حقك ان تعرف في حال اصابه شريكك بمرض جنسي؟
1. نعم
 2. لا

- 0 7 - في حال تأكيد إصابة شريكك بمرض جنسي هل ستتوجه للكشف ؟
1. نعم
 2. لا

- 1 7 - في حال تأكيد اصابه شريكك هل ستتوقف عن إقامة العلاقة الجنسية مع الشريك؟
1. نعم
 2. لا

ماهي الأسباب التي ستمنعك من التوجه للعلاج في حال الإصابة بعدوى جنسية ؟ (يمكن اختيار أكثر من إجابة)

- 7 2 - لا توجد أسباب تمنعي من تلقي العلاج
- 7 3 - الخوف من عدم سرية المعلومات
- 7 4 - الخوف من المساءلة القانونية
- 7 5 - الخوف من شركة التأمين الصحي
- 7 6 - الخوف من نظرة المجتمع
- 7 7 - الخوف من لوم الشريك
- 7 8 - الخوف من لوم العائلة
- 7 9 - الخوف من تكاليف العلاج
- 8 0 - عدم المعرفة بتوفر العلاج
- 8 1 - عدم المعرفة بالأعراض
- 8 2 - عدم وجود الأعراض
- 8 3 - عدم المعرفة بمخاطر تأجيل العلاج
- 8 4 - الثقة المطلقة بالشريك
- 8 5 - الخوف من التعامل مع المرض
- 8 6 - أخرى (أذكرها):
- 8 7 - هل برأيك من المهم الكشف عن الأمراض المنتقلة عبر الجنس في فحص ما قبل الزواج ؟
 - 1. نعم
 - 2. لا
- 8 8 - هل برأيك انه من المهم إضافة مادة عن الثقافة الجنسية والأمراض المنتقلة عبر الجنس في المدارس ؟
 - 1. نعم
 - 2. لا