10th World Congress on
Control and Prevention of HIV/AIDS, STDs & STIs

54th International Conference on
Nursing Leadership and Management

31st World Congress on Nursing

July 20-21, 2022

WEBINAR



# The social factors influencing the spread of sexually transmitted diseases in developing countries

**Warrancy Mohamed Conteh**
Medical Assistance and Rural Development Programme, Sierra Lone

The incidence and prevalence of Sexually Transmitted Diseases (STDs) has become a global concern especially for developing countries where the prevalence and incidence continue to be very high yearly. The public health structures that have been set up for the implementation of interventions for the prevention and control of STDs are still faced with problems. Several factors have been highlighted to be major contributing factors influencing the spread of these diseases. Key among them is associated with social, cultural, and economic. A lot of research has been done towards containing these diseases. However, this study investigates the social factors influencing the spread of sexually transmitted diseases in developing countries. The demographic characters (the age bracket 15 –44 yrs. And sex) are the active players in spreading STDs including HIV/ AIDS. Indicators like promiscuity/behavior, educational status, marital status, social disharmony and in some part of Africa, inadequate availability of health facility, non-cooperation of patients and partners for test and treatment, stigmatization, mismanagement in treating the disease (blind treatment /treatment done without lab test) and drug stock out are other factors. This study therefore creates the atmosphere to probe further to understand more of these social factors that influence the spread of these diseases. In essence both the risk and management factors were considered among others.

**Introduction**: The prevalence and incidence of Sexually Transmitted Diseases (STD) including HIV/AIDS is a global issue that engages the minds of all works of life especially the public health sector globally. Although the rate of incidence, prevalence, prevention and control mechanisms could be different for each locality or region but there are common factors that cut across everywhere the occurrence of the disease, the individuals (key players) involved, the magnitude of the occurrence, the agents of distribution and prevention and control. Some of the common sexually transmitted diseases include gonorrhea, chlamydia, pelvic infectious disease, syphilis, HIV/AIDS. The study is closely looking at the how are these diseases spread? Who are the active players? What is the demographic character of these plyers? When do we need to step in and how during the prevention and control process; there are many other factors that influence the spread of the disease. The spread of sexually transmitted disease is an important issue to the public health sector because it does not only create complications for other health conditions but can also increase the incidence and prevalence of HIV/ AIDS. The importance of this study is therefore of a necessity if to provide information that can provide the requisite facts that can contribute to the developments of health policies and the justice system. Gender based violence being one of the social factors is another key factor that generates STI/ STDs and their spread. The issue of the incidence and management of the disease if not properly managed can lead to its spread.

**Methods And Materials**: After assuring Household members/respondents, both male and female within

the age bracket of 15 – 44 yrs. Confidentiality the two-pronged approach; the questionnaire and focus group discussions method was used. Respondents were from both the urban and rural settings. Among the household members interviewed were married and unmarried men and women of different occupational and religious background.

Data on morbidity cases for pregnant women on sexually transmitted infection including HIV/AIDS for 3 months (300) were collected from health facilities both in the rural and urban areas including HIV/AIDS clinics. Information from 20 health personnel for cooperation by partners of the pregnant women during follow - up clinics for STI/STD treatment, 10 Commercial sex workers (15 – 30) yrs. were interviewed specifically using the focus group discussion approach in order to get relatively sincere information after the assurance of confidentiality. Commercial motorbike riders (Okada riders) one of the sexually active and socially exposed group with age bracket 15 –35 yrs. Data from the justice system FSU (Family Support Unit) collected and analyzed to capture sexual gender-based violence. Statistics on number of available health facilities in 2 rural communities with their distances apart.

**Result**: Table 1: STI/STD Risk factors: Educational status, peer group/sex workers and motor bike riders marital status Religion with Multiple Partner(MP).

| Risk factors | No. of infection cases | No. of infection cases treated but not tested © | No. of infection cases tested | No. of cases diagnosed for STD treated | No of relapse cases | Use sex protection practices /condom | remarks |
|---|---|---|---|---|---|---|---|
| Educational status/knowledge about the disease (n =10) | 9 | 1 | 8 | 8 | 1 | 7 | |
| Data from ANC morbidity n=300 | 180 | 150 | 180 | 30 | 85 © | 1 | MP high risk factor for spreading STD |
| Marital status n=20 | | | | | | | |
| Married 8 | 5 | 3 | 3 | 3 | 2 | 1 | |
| Unmarried(single)/12 | 10 | 8 | 2 | 2 | 4© | 3 | MP High risk factor |
| Socially exposed/peer group n=10 | | | | | | | |
| Sex workers n=10 | 10 | 5 | 4 | 4 | 6© | 6 | MP |
| Bike riders n=10 | 9 | 7 | 1 | 1 | 6© | 5 | MP |
| Religion n=20 | | | | | | | |
| Muslim | 17 | 12 | 3 | 2 | 7© | | MP |
| Christian | 16 | 7 | 4 | 4 | 3 | 2 | |
| Others | | | | | | | |
| | | | | | | | |

In table 1 above socially exposed multi partner peer group rates high for sex workers and bike riders risk to spread STI/STD.

Table 3: Demographic data of STI cases reported n=60 Urban.

| Age at risk | Number STI cases reported | Number of STI cases tested, Diagnosed, and treated | Number of relapse cases | % STD Relapse cases | % STI incidence /prevalence | Remarks |
|---|---|---|---|---|---|---|
| 15 – 20 yrs. | 15 | 13 | 2 | 13.3 | 25 | |
| 20 –25 yrs | 31 | 25 | 7 | 22.1 | 51.6 | |
| 25 – 30 yrs | 42 | 39 | 18 | 42.8 © | 70 © | |
| 35 – 40 | 17 | 15 | 3 | 17.6 | 28.3 | |
| 40+ | 8 | 2 | 1 | 12.5 | 13.3 | |
| Sex | | | | | | |
| Male | 22 | 20 | 5 | 22.7 | 36.6 | |
| Female | 38 | 37 | 8 | 21.0 | 63.3 © | |
| | | | | | | |
| | | | | | | |

From table 3 above the age with highest STI /STD prevalence is 20 - 30 yrs.

Also, the female has the higher compared to male STI incidence

The % of relapse STI cases is high for both the male and for age bracket 20 -30

Table 4: Data on Sexual gender-based violence

| | # Of GBV cases reported | # Of SGBV cases | # Of SGBV cases with STI/STD | % Of STI in SGBV |
|---|---|---|---|---|
| Gender Based Violence | 30 | 10 | 10 | 100% |
| | | | | |

**Discussion**: From the Ante Natal Care data for pregnant women, blind treatment (treatment given without test and diagnoses the same group of individuals experienced a relapse of the infection. Blind treatment therefore was identified to be risk factor for the spread of the disease The management aspect was also observed as an issue. 80% health personnel said that the health facilities are far apart each other in the area of the number of health facility when 80% of the respondent in the two localities. The study also identified that 63.3 % and 70% of the females and age bracket 20 -30 yrs respectively showed the highest incidence of STI/STD and heavy carriers of the disease. 100% of the sex workers contracted the infection, 60 % of relapse STI few weeks after treatment, 90% incidence/prevalence of STI sex worker and 90% STI incidence, 60% STD recurrence, 30% of all Gender Based Violence cases are Sexual Gender Based Violence of which 100 % of SGBV have STI/ STD. The study also revealed that all sexual activities that has to do with multi partner relationship are highly vulnerable to STI/STD and thus have the potential to spread the disease.

**Conclusion**: In conclusion religion, social disharmony and drug stock out were not found significant in the study as social factors to spread the disease. On the other hand, the socially exposed commercial bike riders and sex workers became some of the key social risk factors influencing the spread other factors that were identified by the study were the management of the disease both at health facility and community level including the inadequacy of health facility. Overall it came out clear that all indicators and or activities that has to do with multi partner sexual activity can spread STI/STD at a much faster rate than the others thereby creating more room for increase in HIV/AIDS. This study was conducted including one of the remote areas of Sierra Leone, West Africa.

## Biography

Warrancy Mohamed Conteh born in the Northern part of Sierra Leone and a Bachelor of Science Degree Holder in Agricultural Education. He worked as a teacher up to the rank of senior teacher and later worked in the Ministry of Health and Sanitation simultaneously holding supervisory positions of hospital secretary and senior registrar of births and deaths for the regional hospital and Northern Province respectively. He has been a supervisor for primary health care activities for over ten years. He later became agricultural extension Officer in the Ministry of Agriculture and Food Security. Now he is a retired civil servant now working for Medical Assistance and Rural development Programme Sierra Lone as deputy director.

**Received**: June 07, 2022; **Accepted**: June 09, 2022; **Published**: July 20, 2022