

# A Study on Knowledge, Attitude, and Practice Related to Sexually Transmitted Infections Among Students of Nonmedical Background in Manipal, India

## Abstract

**Background:** Sexually transmitted infections (STIs) are one of the major public health problems in India with adolescents being a vulnerable section of the affected population. According to the World Health Organization (WHO), one in twenty adolescents contracts an STI every year, excluding the human immunodeficiency virus (HIV) and other viral infections. It is important to assess the knowledge, attitude, and practices related to STIs among adolescents and young adults of non-medical backgrounds to educate them properly about protective and preventive measures and to allay misconceptions, if any. **Materials and Methods:** This is a cross-sectional study involving 507 engineering students who were asked to fill out the predesigned anonymous questionnaire form. Results were statistically analyzed and tabulated. **Results:** Of the 507 students, 375 were males and 132 were females. The mean age of the patients was 20.5 years. HIV was the most commonly identified STI (94.2%), followed by herpes genitalis (76.5%). Around 97.4% and 85.7% identified the sexual route and blood transfusion as the modes of transmission of STIs, respectively. A total of 90.9% said that the Internet was their primary source of information regarding STIs. Infertility and cancer were identified as complications by 59.5% and 25% of them, respectively. Only 23.4% were aware of the National STI Control Program. The results with respect to attitudes and practices related to STIs were variable. **Conclusion:** Our study reflects that with change in time, the attitude of young adults toward sexuality is becoming very casual, but knowledge remains low. A lot of educational activities should be undertaken to educate our youth about various aspects of STIs and thus reduce the burden of the disease in the community.

**Keywords:** *Adolescents, knowledge, questionnaire, sexually transmitted infections, young adults*

## Introduction

Sexually transmitted infections (STIs) refer to infections which are mainly transmitted by sexual intercourse, and they are a major public health problem in India. As per the World Health Organization (WHO), the highest reported rates of STIs are found in people between 15 and 24 years of age with up to 60% of new infections and half of all seropositive cases occurring in this age group. Adolescents, as per the definition by WHO, are individuals between 10 and 19 years of age. It is observed that about one in twenty adolescents contracts an STI every year, excluding the human immunodeficiency virus (HIV) and other viral infections.<sup>[1]</sup> The increased vulnerability of this age group to contracting STIs can be attributed to several factors. Most of them belonging to this age group stay away from their families to

pursue higher studies, thus getting exposed to people of different socioeconomic backgrounds.<sup>[2]</sup> The hormonal and emotional fluctuations along with peer pressure forces few of them to explore new ventures such as substance abuse, unprotected sex, and multiple sexual partners.<sup>[3]</sup> As discussing openly about sex is still a taboo in India, most of them resort to peers and media as opposed to parents and doctors for the required knowledge and end up with incorrect information.<sup>[4]</sup> Moreover, STIs, if not treated promptly, might result in complications such as infertility, abortions, malignancy, and urethral strictures, which can be prevented by appropriate education regarding safe sex practices.<sup>[5]</sup>

Adolescents account for 22% of the population of India and contribute to 31% of the acquired immunodeficiency syndrome (AIDS) case load in the

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**Meghana B. Vasudev, Sathish P. Ballambat<sup>1</sup>, Varsha M. Shetty<sup>1</sup>**

*Consultant Dermatologist, Department of Dermatology, THS Hospital, Tumkur; <sup>1</sup>Department of Dermatology, Kasturba Medical College, Manipal, Manipal Academy of Higher Education, Manipal, Karnataka, India*

## Address for correspondence:

*Dr. Varsha M. Shetty  
Department of Dermatology,  
Kasturba Medical College,  
Manipal, Manipal Academy  
of Higher Education,  
Manipal- 576 104, Karnataka,  
India.  
E-mail: varshams18@gmail.com*

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country.<sup>[3,4]</sup> Hence, it is imperative to increase the awareness of adolescents regarding STIs to curtail their transmission in this age group as they are a valuable resource contributing significantly to the growth and development of the country. This study aimed to assess the knowledge, attitude, and practices pertaining to STIs among adolescents and young adults of nonmedical backgrounds.

## Materials and Methods

This was a cross-sectional study comprising college students from nonmedical backgrounds aged between 18 and 24 years. After obtaining permission from the college principal, around 600 engineering students across various semesters and branches were approached to participate in the study. A Google questionnaire form pertaining to knowledge, attitude, and practices about various aspects related to STIs was designed barring personal identification details (Supplementary file). The link was sent out to the class representatives of various semesters who in turn circulated it in their WhatsApp groups. Responses were received in Google Forms, pie charts, and bar graphs, and the data thus obtained were statistically analyzed using Google Sheets, and results were tabulated.

## Results

A total of 507 of 600 students participated in the study, comprising 375 males and 132 females, with a mean age of 20.5 years. Lack of interest in participation was the most common reason among nonresponders.

### Knowledge regarding various aspects of STIs

The majority of the students (94.2%) identified HIV as STI, and 388 students (76.5%) had heard about STIs other than HIV. A total of 388 students (76.5%) knew herpes genitalis; 385 (75.9%), syphilis; 314 (61.9%), gonorrhea; 305 (60.1%), genital warts; and 122 (24%), hepatitis. Vitiligo and leprosy were incorrectly classified as STIs by 34 (6.7%) and 22 (4.3%) students, respectively.

Sexual intercourse was considered a major mode of transmission of STI by 494 (97.4%) students followed by 435 (85.7%) and 365 (71.9%) students identifying blood transfusion and needle stick injury as other important modes of transmission, respectively. Table 1 depicts various modes of transmission as opined by the students. A total of 90.5% recognized having multiple sexual partners as one of the major risk factors for contracting STIs. The other risk factors observed are illustrated in Table 2. Around 444 students (87.6%) had no clue about the protective effect of circumcision on STIs.

The Internet was the major source of information about STIs for 461 students (90.9%), with only 20.1% of students obtaining information regarding STIs from their parents [Figure 1].

Pain in the genital area was considered a symptom of STI by 331 (65.2%) students, fluid-filled lesions by

**Table 1: Knowledge related to modes of transmission of STIs (n=507)**

Various modes of transmission	Number (%)
Sexual route	494 (97.4%)
Blood transfusion	435 (85.7%)
Needle prick	365 (71.9%)
Mother-to-child transmission	342 (67.4%)
Saliva	241 (47.5%)
Kissing	160 (31.5%)
Sharing towels	112 (22%)
Sharing toilet	100 (19.7%)
Mosquito bite	81 (15.9%)
Touching	15 (2.95%)
Hugging	4 (0.78%)
Do not know	4 (0.78%)

313 (61.7%) students, burning micturition by 312 (61.5%) students, urethral or vaginal discharge by 287 (56.6%) students, swelling in the groin by 278 (54.8%) students, and ulcer by 226 (44.5%) students. A total of 154 (30.3%) students regarded all lesions occurring on the genitalia as STIs. Around 69 of them (13.6%) viewed emaciation as a symptom of STI. STIs were regarded as lifelong diseases by 232 students (45.7%), and 132 (26%) students considered all STIs as fatal. STIs were considered self-limiting illness by 149 (29.3%) students. Infertility and cancer were identified as complications by 302 (59.5%) and 127 (25%) of them, respectively.

A total of 437 (86.1%) students were aware that usage of condoms could prevent the transmission of STIs, and 394 (77.7%) were aware of female condoms. Only 187 (36.8%) students were aware of vaccination against STIs.

Awareness regarding the National STI Control Program was present in only 119 (23.4%) students. Around 135 (26.6%) of them knew that STI treatment is made available free of cost in government setups, and 180 students (35.5%) were well-informed about the free availability of condoms at government hospitals. A total of 349 (68.8%) students regarded gynecologists as the specialists of primary contact for any symptoms related to STI, followed by physicians ( $n = 85, 16.7\%$ ), dermatologists ( $n = 54, 10.6\%$ ), and psychiatrists ( $n = 2, 0.3\%$ ).

### Attitude related to STIs

The Internet was considered a useful medium by 436 (85.9%) students to educate oneself about safe sexual practices, signs and symptoms of STIs. A total of 380 (74.9%) students opined that one should be transparent with their partner with respect to one's STI status. Additionally, an equal number of them regarded that a history of STI should not influence one to decide unfavorably while selecting one's prospective life partner.

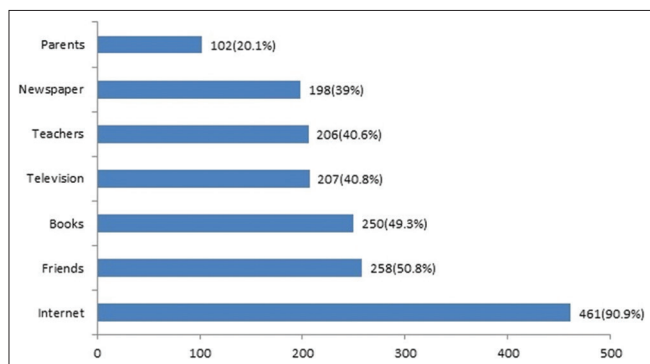
The attitude of students toward various aspects of STIs is tabulated in Table 3. It was observed that 265 of 336

**Table 2: Knowledge related to various risk factors associated with STIs**

Risk factors	Agree	Disagree	Do not know
Having multiple sexual partners increases the chance of contracting STIs	459 (90.5%)	35 (6.9%)	13 (2.6%)
Having casual sex or intercourse with an unknown person increases the risk of STI	313 (61.7%)	181 (35.7%)	13 (2.6%)
Homosexuality is associated with an increased risk of STI	124 (24.5%)	365 (71.9%)	18 (3.6%)
Early sexual activity predisposes one to develop STI	151 (29.8%)	342 (67.4%)	14 (2.8%)
One STI increases the risk of other STIs and HIV	237 (46.7%)	253 (49.9%)	17 (3.4%)
Circumcision decreases the risk of STI	63 (12.4%)	192 (37.9%)	252 (49.7%)
Poor hygiene is associated with STI	325 (64.1%)	167 (32.9%)	15 (3%)

**Table 3: Attitude related to various aspects of STIs**

Attitude related to STIs	Strongly agree	Agree	Disagree	Strongly disagree	Nonresponders
One can have sex before marriage	271 (53.5%)	187 (36.9%)	21 (4.1%)	15 (2.9%)	13 (2.6%)
One can have multiple sexual partners	159 (31.4%)	203 (40%)	85 (16.8%)	46 (9.1%)	14 (2.7%)
One can have sex with the other person of the same gender	139 (27.4%)	231 (45.6%)	59 (11.6%)	60 (11.8%)	18 (3.6%)
One should not have sex under the influence of alcohol	150 (29.5%)	192 (37.9%)	113 (22.3%)	36 (7.1%)	16 (3.2%)
Sexual education should be a part of the school curriculum	413 (81.5%)	72 (14.2%)	4 (0.8%)	4 (0.8%)	14 (2.7%)
Sex education at an early age increases the risk of early sexual activity	32 (6.3%)	82 (16.2%)	227 (44.8%)	151 (29.8%)	15 (2.9%)
Persons with STIs should be isolated	13 (2.6%)	26 (5.1%)	253 (49.9%)	201 (39.6%)	14 (2.8%)
One can self-treat STIs using the information from the Internet	8 (1.6%)	22 (4.3%)	216 (42.6%)	245 (48.3%)	16 (3.2%)
One's STI status should be documented in the general medical record	117 (23.1%)	242 (47.7%)	98 (19.3%)	35 (6.9%)	15 (3%)



**Figure 1: Sources of information related to STIs**

students regarded sex education received during their schooling as useful. A total of 460 (90.7%) students opined that the person of their age group must use protection such as condoms while engaging in any form of sexual activity. Purchasing condoms from a pharmacy was regarded as an embarrassing act by 239 (47.1%) students, and 444 students (87.5%) disagreed that condoms must be used only while having sex with unknown individuals.

### Practices related to STIs

It was observed that 493 students (97.2%) were not vaccinated against organisms causing STI; however, among those who were vaccinated, 99% of them were vaccinated against hepatitis B virus (HBV) and none of them against human papillomavirus (HPV). Prior sex education was received by 286 (56.4%), 39 (7.6%), and 11 (2.3%) students

during school, preuniversity college, and undergraduation, respectively, whereas 171 (33.7%) of them had not received any form of sex education.

### Discussion

Adolescence is considered a lengthy period of transition from childhood to adulthood, associated with an increase in age-specific drive to experiment with sex. The mingling of adolescents with people of different sociocultural backgrounds influences their attitude and general outlook on life. This hugely impacts their lifestyle choices including sexual practices. Additionally, the lack of appropriate sex education makes them most vulnerable to STIs.<sup>[5]</sup>

### Various STIs, modes of transmission, and sources of information

A majority (94.2%) of them could accurately identify HIV as STI owing to increased awareness generated by social media and national health programs, whereas STIs other than HIV were less commonly identified. Vitiligo and leprosy were falsely identified as STIs by 6.7% and 4.3%, respectively, with a review of the literature yielding similar observations.<sup>[2,6-8]</sup>

The sexual route and blood transfusion were the most commonly identified modes of transmission. However, some of them had the misconception that STIs get transmitted through kissing, sharing towels and toilets, and mosquito bites. Similar observations were made by Kumar *et al.*, Ruikar, and Lal *et al.*<sup>[4,6,9]</sup>

Internet, owing to its easy accessibility, was the most common source of information for the students, with similar observations made by Ruikar, Jain *et al.*, and Baruah *et al.*, respectively.<sup>[6,10,11]</sup> Parents and teachers are failing in educating children about STIs at an early age as talking about sex is still a taboo among Indians, and most of the adults are uncomfortable discussing these topics with their children, with studies by Jain *et al.* and Baruah *et al.* corroborating the same.<sup>[10,11]</sup>

### **Risk factors related to STIs**

Multiple sexual partners, homosexuality, casual sex, and early sexual activity are some of the important behavioral risk factors for STIs. It has been observed that the majority of premarital sexual encounters are unplanned, with most such encounters occurring at an early age.<sup>[10]</sup> Only 29.8% of the students were aware that early sexual activity increases the risk of STIs and 90.4% of them were not against premarital sex, whereas Subbarao *et al.* reported that 70.6% of students in their study strongly opposed the idea of premarital sex.<sup>[2]</sup>

Only 24.5% of the students in the present study considered homosexuality as a risk factor for contracting STIs, in concordance with the study by McManus *et al.*<sup>[8]</sup> Men who have sex with men (MSM) are eight times more likely to be seropositive for HIV, twice more likely to have other STIs, and less frequently use condoms.<sup>[8,12]</sup>

Around 61.7% knew that casual sex with an unknown person is a predisposing factor for contracting STIs.<sup>[13]</sup> Lal *et al.* reported that 63% of their subjects regarded having intercourse with a known person as reducing the risk of infection.<sup>[9]</sup> However, 87.5% of students in the present study strongly believed that condoms must be used while having sex even with a known person.

Having one STI increases the risk of acquiring other STIs and HIV, but nearly half of our students were unaware of this fact, and similar observations were made by Lal *et al.* (47%) and Nyasulu *et al.* (42.3%).<sup>[9,14]</sup> Alcohol is considered as one of the social risk factors for STIs. A total of 67.4% of students opined that one should not have sex under the influence of alcohol in our study. Nyasulu *et al.* reported 45.8% of students opining that alcohol significantly alters one's sexual behavior. One may end up having unplanned sex and may refrain from using condoms under the influence of alcohol.<sup>[14]</sup>

More than half of the students in the present study regarded unhygienic people as being more prone to STIs, as opposed to the studies by Subbarao *et al.* and Megersa *et al.*, where only 14.2% and 24.5% considered poor hygiene as a risk factor, respectively.<sup>[2,15]</sup>

### **Symptoms and complications of STIs**

Our study indicates the lack of comprehensive knowledge in our subjects about different clinical presentations and

complications of STI. The most identified symptom was pain, followed by fluid-filled lesions and burning micturition. Discharge and ulcer were identified as symptoms by 56.6% and 44.5%, respectively. Similar observations were made by Ruikar where 69.89% and 65.59% identified discharge and ulcer as symptoms, respectively.<sup>[6]</sup> Around 79.6% of the students in our study knew that a person with STI does not always look emaciated.

A total of 59.5% of students in our study identified infertility as a complication, whereas Subbarao *et al.* reported only 25.7% identifying infertility as a complication.<sup>[2]</sup> Around 25% observed cancer as a complication, with similar observations being made by Subbarao *et al.*<sup>[2]</sup> The reason for a comparatively smaller number of students identifying cancer as a complication might be because of the long interval of time between the occurrence of cancer and STI.

Nearly half of the students (45.7%) in the present study regarded STIs as lifelong diseases with 29.3% opining that STIs are self-limiting. Waure *et al.* stated that approximately 80% of their subjects considered STIs to be incurable.<sup>[7]</sup>

### **Protective and preventive measures**

Most of them (86.1%) were aware of condoms as a form of protection, similar to the study by Ruikar, whereas only 36.8% and 12.4% were aware of other protective measures such as vaccination and circumcision, respectively.<sup>[6]</sup> Circumcision is known to reduce the risk of heterosexually acquired HIV infection in men by approximately 60% and provides protection against other STIs as well.<sup>[16]</sup> Around 90.7% of students in the present study were in favor of using condoms during all forms of sexual activity. There was a huge difference in awareness about female condoms with 77.7% of students in the current study being aware of it as opposed to the study by Ruikar where only 5.38% of them were aware.<sup>[6]</sup> Very few of our subjects were vaccinated against hepatitis B; almost all of them were unaware of the vaccination against HPV.

Nearly half of our students regarded purchasing condoms from pharmacies as an embarrassing activity similar to the observations made by Lal *et al.* and Sekirime *et al.*<sup>[9,17]</sup> The majority of the students (74.9%) opined that it is extremely important to reveal one's STI status to their partners before engaging in any form of sexual activity. Interestingly, a total of 91.5% and 72.5% of students opined that STIs and AIDS can be prevented by being faithful to one's respective partner as stated by Sekirime *et al.* and Benera *et al.*, respectively.<sup>[17,18]</sup>

### **Social factors related to STIs**

A 2016 United Nations Educational, Scientific and Cultural Organization (UNESCO) evidence concludes that sex education has positive effects and improves attitudes

related to sexual and reproductive health.<sup>[1]</sup> The majority of the students (95.7%) agreed that sex education should be a part of the school curriculum. A significant number of students (33.7%) had not received any form of sex education during their schooling. Among those who had received sex education, 78.8% opined that it was useful. In 2005, when the National Adolescent Education Program was announced to help youth with sexual and reproductive health issues, many state governments opposed this move, claiming that it might encourage the students to experiment with sex.<sup>[8]</sup> However, nearly 74.6% of the students in our study did not consider early sex education to be playing any role in influencing their decision on initiating sexual activity in any way. Thus, our national policies are failing in implementing effective sex education despite it being a vital need.

Our study emphasizes the need for provisions in the national programs to include adolescents and young adults as one of their primary focus areas to curtail the spread of STIs among this vulnerable population. Approximately 25% of students in our study were aware of the National STI Control Program and the services provided by National AIDS Control Organization (NACO) such as free availability of condoms and provision for STI treatment services at government setups. Baruah *et al.* reported only 19.54% being aware of STI treatment services being offered free of cost in government setups.<sup>[11]</sup> Lal *et al.* also stated that their study underscores the inadequate performance of NACO in Kerala.<sup>[9]</sup>

A total of 89.5% of the students in our study were against the idea of isolating an STI-infected person, similar to the study by Megersa *et al.* (76.9%).<sup>[15]</sup> A total of 68.8% of students considered gynecologists as the specialists of primary contact in STIs, followed by physicians and dermatologists. Ruikar reported that general practitioners were the preferred doctors with only 5.4% reporting to the Integrated Counselling and Testing Centre (ICTC) or STI clinics for STI symptoms.<sup>[6]</sup>

## Conclusion

Our study indicates that though there is a raise in awareness among youth regarding STIs, there are significant gaps in the knowledge that needs to be addressed. The main source of information being the internet makes the credibility of the information thus acquired debatable. Moreover, our study highlights the casual attitude of young adults toward sex, thus emphasizing the need for effective school sex education with due importance given to adolescents and young adults in the National Health Programs related to STIs. This shall in turn be effective in curtailing the transmission of STIs in the long term.

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## Conflicts of interest

There are no conflicts of interest.

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# A STUDY ON KNOWLEDGE - ATTITUDE AND PRACTICE OF SEXUALLY TRANSMITTED INFECTIONS AMONG STUDENTS OF NON MEDICAL BACKGROUND IN MANIPAL, INDIA

PLEASE DO NOT USE INTERNET FOR ANSWERING THE QUESTIONS, PLEASE GIVE YOUR OWN VIEWS AS THE STUDY IS OF SCIENTIFIC IMPORTANCE. STIs REFERS TO SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV.

\* Required

1. AGE \*

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2. GENDER \*

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Untitled Section

3. 1.Which of the following are sexually transmitted infections(STIs)?

*Check all that apply.*

- HIV
- Syphilis
- Leprosy
- Gonorrhoea
- Herpes Genitalis
- Genital warts
- Vitiligo
- Hepatitis

4. 2. What are your sources of information about STIs?

*Check all that apply.*

- Parents
- Teachers
- Friends
- Internet
- Books
- Newspaper
- Television

5. 3.Which are the modes of transmission of STIs?

*Check all that apply.*

- Sexual route
- Kissing
- Hugging
- Touching
- Sharing towels
- Sharing toilets
- Through saliva
- Blood transfusion
- Needle pricking
- Mosquito bite
- Mother to child

6. 4.Do you think any lesions on genitalia are always secondary to sexually transmitted Infections (STI)?

*Mark only one oval.*

- YES
- NO

7. 5. Which among the following are the symptoms of STIs?

*Check all that apply.*



- Fluid lled lesions
- Ulcers/wounds
- Discharge
- Pain
- Burning micturition
- Swelling/abscess

8. 6. Do you think a person with STI always look emaciated?

*Mark only one oval.*

- YES
- NO

9. 7. Do you think STIs are life long diseases ?

*Mark only one oval.*

- YES
- NO

10. 8. Do you think all STIs are fatal?

*Mark only one oval.*

- YES
- NO

11. 9. Do you think STIs are self limiting?

*Mark only one oval.*

- YES
- NO

12. 10. Do you think STIs can cause cancer?

*Mark only one oval.*

YES

NO

13. 11. Do you think STIs can cause infertility ?

*Mark only one oval.*

YES

NO

14. 12. Do you think a person with STI should not indulge in sexual activity for lifetime?

*Mark only one oval.*

YES

NO

15. 13. Do you think unhygienic people are more prone to STIs?

*Mark only one oval.*

YES

NO

16. 14. Do you think having multiple sexual partners increases the risk of STIs?

*Mark only one oval.*

YES

NO

17. 15. Do you think having sex only with commercial sex workers causes STIs?

*Mark only one oval.*

YES

NO

18. 16. Do you think having sex with unknown people causes STIs?

*Mark only one oval.*

YES

NO

19. 17. Do you think circumcision (removal of foreskin from penis) decreases the risk of STIs?

*Mark only one oval.*

YES

NO

DONT KNOW

20. 18. Do you think risk of STI is more in Homosexuals ?

*Mark only one oval.*

YES

NO

21. 19. Do you think indulging in sexual activities at an early age of life increases the risk of STIs?

*Mark only one oval.*

YES

NO

22. 20. Do you think having one STI increases the risk of other STI and HIV?

*Mark only one oval.*

YES

NO

23. 21. Do you think smoking/alcohol consumption increases the risk of STIs?

*Mark only one oval.*

YES

NO

24. 22. Do you think foreplay before sexual act is responsible for transmission of STIs?

*Mark only one oval.*

YES

NO

25. 23. Do you think STIs are transmitted only if ejaculation occurs during sexual act?

*Mark only one oval.*

YES

NO

26. 24. Are you aware of National STI control programs?

*Mark only one oval.*

YES

NO

27. 25. Are you aware of vaccination against STIs?

*Mark only one oval.*

YES

NO

28. 26. Are you aware that STI treatment is provided free of cost in government setups?

*Mark only one oval.*

YES

NO

29. 27. Do you think condoms prevent the transmission of STIs?

*Mark only one oval.*

YES

NO

30. 28. Are you aware that condoms are available free of cost at hospitals ?

*Mark only one oval.*

YES

NO

31. 29. Are you aware of availability of female condoms?

*Mark only one oval.*

- YES  
 NO

32. 30. Which specialist one has to consult for any symptoms of STI?

*Mark only one oval.*

- Physician  
 Gynaecologists  
 Dermatologists  
 Psychiatrists

33. 31. Do you think Internet is helpful in providing information about safe sexual practices?

*Mark only one oval.*

- YES  
 NO

34. 32. Do you think Internet is helpful in providing information about the signs and symptoms of STIs?

*Mark only one oval.*

- YES  
 NO

*Skip to question 35* **Untitled**

## Section

35. 33. One can have sex before marriage

*Mark only one oval.*

- Strongly agree
- Agree Disagree
- strongly
- disagree

36. 34. One can have multiple sexual partners

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

37. 35. One can have sex with the other person of same gender

*Mark only one oval.*

- Strongly agree
- Agree Disagree
- stongly
- Disagree

38. 36. One can have sex with a STI infected person using protection

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

39. 37. Persons with STIs should be isolated

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

40. 38. Sexual education should be a part of school curriculum

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

41. 39. one can self treat STIs using internet

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

42. 40. one's STI status should be mentioned in general medical record

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



43. 41. One should not have sex under the influence of alcohol

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

44. 42. sex education at an early age increases the risk of early sexual activity

*Mark only one oval.*

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

45. 43. one should inform their partner about his/her STI status- If agree why/If disagree why?

---

46. 44. A person with STI can marry-If agree why/If disagree why?

---

47. 45. Do you feel it is embarrassing for a person of your age to ask for condoms in stores?

*Mark only one oval.*

- YES
- NO

48. 46. Condoms have to be used only while having sex with unknown individuals

*Mark only one oval.*

YES

NO

### Untitled Section

49. 47. A person of your age should always use protection during sexual activity

*Mark only one oval.*

YES

NO

50. 48. Have you been vaccinated against any STI? If yes please specify

51. 49. When have you received sexual education?

*Mark only one oval.*

School Days

College Days

Undergraduate Days

Not received

52. 50. If you have received sexual education, was it..

*Mark only one oval.*

Useful

Not useful

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