

Level of Knowledge and Awareness of Sexually Transmitted Diseases and Safe Sexual Practices

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ABSTRACT

This study was initiated to obtain information from individuals residing at Valencia City about their knowledge and awareness of the sexually transmitted disease and to determine the sexual practice since the STDs were the most leading health problems all over the world. Generally, the study aimed to identify the level of awareness and knowledge of sexually transmitted disease and their sexual practices. Specifically, this study sought to identify the demographic profile of the respondents in terms of age, sex, occupation, educational attainment and socioeconomic status; to determine the level of awareness and knowledge, and sexual practices and the significant differences among male and female when it comes to knowledge and awareness. Quantitative research was used to conduct this study using a questionnaire. Randomly selected were 50 males and 50 females. Results revealed the following: 50% were males and 50% were females aged 18-30 years old; 30% of them were students, 5% were self-employed, and 65% of them are currently working in different areas. fifty four percent were college graduates while 38% of them earned 11,000 – 15,000. They are moderately aware and moderately knowledgeable about sexually transmitted disease and obtained the information from social media.

Keywords: sexual practices, awareness, sexually transmitted disease

INTRODUCTION

People nowadays express their love and emotional feelings through sex and provide means for production. However, this does not mean that this could not have any harmful and unintended consequences. The following potential consequences include the unwanted pregnancy and acquiring sexually transmitted infections.

The STD or Sexually Transmitted Disease refers to the group of illnesses which is caused by more than 30 different bacteria, virus, or protozoa that spread predominantly through sexual intercourse in which one is infected. These infections can be spread through sexual contacts and intercourse which involve anus, genital, fingers, and mouth. Sometimes, it can be transmitted non-sexually through blood transfusions, vaginal fluids, during pregnancy (from mother to infant), and through sharing of needles. Mostly, STDs are asymptomatic or show no symptoms and some show mild symptoms which may not be recognized as an STD (Hashmi, 2014). STDs include the curable ones like Gonorrhea, Syphilis, and Chlamydia as well as incurable but modifiable ones like Herpes simplex, Human Papilloma Virus, Hepatitis B infections and HIV (Amu and Adegun, 2015). Common symptoms of STDs include vaginal discharge, urethral discharge in men, genital ulcers, and abdominal pain.

Woman suffer the more adverse effect of STDs than men because the infection would be easier to transfer to a woman since the reproductive organ of the female is more susceptible to harm, especially when the infection is left untreated. Women are less likely to experience symptomatic disease. In addition, women are prone to STDs and HIV infections due to social factors such as the inability to insist condom use during intercourse, dependence on men, lower social status, difficulty in having control over their own reproductive lives, and other biological factors (Mou, 2015).

According to the World Health Organization, 100 million acts of sexual intercourse are happening every day worldwide which is resulting to more than 1 million sexually transmitted disease acquired daily and 20% of them have AIDS/HIV in age 20s.

Many societies around the world have different attitudes about premarital sex, the age of sexual consent, homosexuality, masturbation, and other sexual behaviors that are not consistent with universally cultural norms. Since there are a lot of sources (magazines and internet) wherein an individual could have access about the whereabouts in sexuality or sexual activity, behavior and practices

could be influenced by it. There will be a tendency to apply some behavior during intercourse. Historically, religion has been the greatest influence on sexual behavior in most societies, but in more recent years, peers and the media have emerged as two of the strongest influences, particularly with American teens (Potard, Courtois, and Rusch, 2008).

Since individuals engage in sexual activity at an early age, they must be educated about STD transmission and promote “safe sex” practices. Safety measures identified by health care professionals include the use of condoms, abstinence or not indulging in any sexual activity, limiting number of sexual partner into one person, and not having sexual intercourse with the infected partner and while under the influence of substance alcohol or drugs.

The researcher conducted this study in order to obtain information from individuals about their knowledge and awareness about the sexually transmitted disease and to conclude how safe are their sexual practices. Data and information that gathered from this study was utilized to enhance and develop health education programs and interventions among the target group of the population.

FRAMEWORK

The Becker’s Health Belief Model is used in motivating people to have good health actions that can be used in avoiding negative health consequence. This framework explains people’s behavior related to health, physical, and mental well-being (Polit & Beck, 2010). The underlying concept of the original HBM is that health behavior is determined by personal beliefs or perceptions about a disease and the strategies available to decrease its occurrence (Hochbaum, 1958).

There are four perceptions that make up the model. Perceived seriousness is defined as the belief of an individual about the severity of the disease. Perceived susceptibility motivates the person to adopt healthier behavior. The greater the perceived susceptibility, the greater the chance of doing positive behaviors to decrease the risk. This encourages the men who have sexual activity with the same gender to be vaccinated with hepatitis B (de Wit et al., 2005) and to use condoms to decrease susceptibility to HIV infection (Belcher et al.2005). Another perception is the perceived benefits, in which the individual tend to adopt the new behavior which they believe that would help in having low chance of developing the disease. Lastly are the perceived barriers. Of all the constructs, the perceived barriers are the most significant in determining behavior change (Janz & Becker, 1984). Because in this phase, the individual identifies the barriers that hinder in

adopting the new behavior that would help him/her in avoiding possible threats to his/her health. In order for a new behavior to be adopted, a person needs to believe that the benefits of the new behavior outweigh the consequences of continuing the old behavior (Centers for Disease Control and Prevention, 2004).

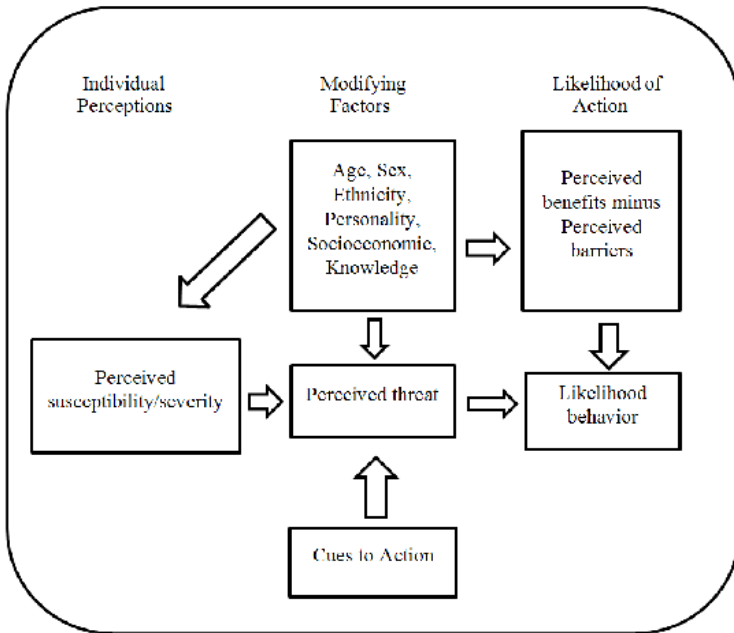


Figure 1. Source: Stretcher, V., & Rosenstock I.M. (1997). The Health Benefit Model. In Glanz K. Lewis F.M., & Rimer B.K., *Eds.). Health Behavior and Health Education: Theory Research and Practice

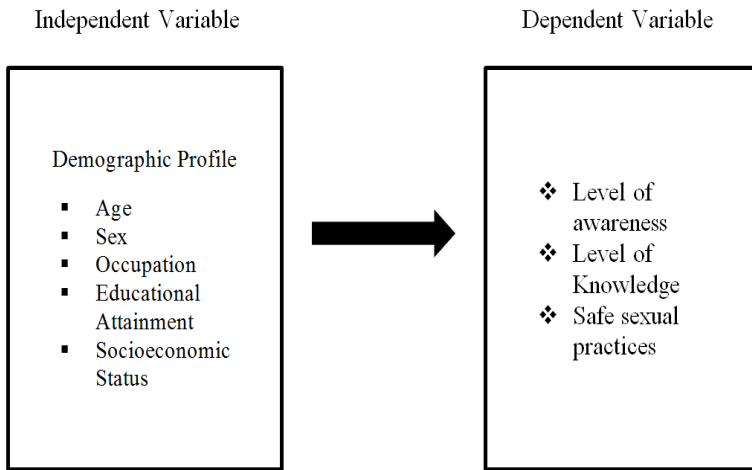


Figure 2. The Interplay of the Variables of the Study

Figure 2 shows the two variables wherein the independent variables consist of the demographic profile of the respondents: age, sex, occupation, educational attainment, and socioeconomic status. The dependent variable consists of the level of awareness, level of knowledge, and safe sexual practices. The independent variable will either have a direct or indirect relationship to the dependent variables.

OBJECTIVES OF THE STUDY

This study aimed to determine the knowledge, awareness, and practices of sexually transmitted disease in the community. Specifically, it aimed to (1) describe the demographic profile of the respondents according to their age, sex, occupation, educational attainment, and socioeconomic status; (2) determine the level of awareness, knowledge in sexually transmitted disease and sexual practices; and (3) correlates the significant difference between male and female when it comes to knowledge and awareness.

METHODS

This section discusses the research design, respondents of the study, sampling procedure, research instrument, gathering of data, and the statistical technique that is used in this study.

The study was conducted at Poblacion, Valencia City. The Valencia city is the 2nd class component city in the province of Bukidnon. It is populous among all cities and ranked sixth as the largest in terms of area in the province and the third largest city in Northern Mindanao.

The descriptive research design was used in the study. This design was used to observe and document relationship between variables that existed without any manipulation of the variables (Bowers, 2010).

Quantitative type of research was utilized. It deals with the frequencies, averages, and other statistical calculations. Furthermore, it was used to collect a presentation of numerical information in assessing the awareness and knowledge of the respondents. Qualitative was also used to collect information based on the respondent's own understanding and knowledge.

The respondents of the study were the adolescents in Poblacion, Valencia City, Bukidnon, with age ranging from 18 to 30 years old. One hundred respondents participated in this study with 50 respondents in each gender.

The tool used was structured questionnaire to determine the level of awareness and knowledge about the sexually transmitted disease. It consists three parts, the demographic profile, and the awareness of the diseases.

Part I – Respondent's demographic profile regarding of age, sex, educational attainment and the socioeconomic status.

Part II – Determining the awareness of the respondents on the Sexually Transmitted Disease (STD) itself and the different infection which include the Chlamydia, Herpes, Human Papilloma Virus, Trichomonas, Hepatitis, Syphilis, Gonorrhoea and HIV/AIDS. Part of it included the source of awareness of the disease.

Part III – STD Knowledge Questionnaire. This questionnaire measures the knowledge of the respondents on STDs wherein following questions will answer True (T) if the statement is true, False (F) if not and Don't know (DK) if don't know the answer to the question. The questionnaire was adopted from the study of Development and Psychometric Evaluation of Self-Administered Questionnaire to measure Knowledge of sexually transmitted Diseases by Jaworski, B.C & Carey, M.P (2007). This STD Questionnaire Knowledge developed to measure

young adults' knowledge of six STDs (i.e., chlamydia, genital herpes, gonorrhea, hepatitis B, HIV, and HPV) that pose the utmost health threat to the population (CDC, 2003; Miller et al., 2004)

Part IV – Safe Sex Behavior Questionnaire. This questionnaire measures how many times an individual practice a definite behavior during sexual activity. The questionnaire will be rate as four (4) if the respondent practices it always, three (3) if most of the time, two (2) if sometimes and one (1) if never practice. The questionnaire was adopted from Colleen Dilario, 2009.

Part V – This part is composed of essay questions related to the topic and answered by the respondents freely.

Research Protocol

To ensure the quality and reliability of research findings, the researcher observed the following Research Protocol. The researcher sought approval to the advised after assessing and reviewing the manuscript for project paper. The Dean of the College approved the schedule for defense after thorough assessing and reviewing of the final manuscript. After proposal defense, the researcher accomplished Research Ethics Application Form and submitted to the office of Vice President for Research, Publication and Extension together with the approved research proposal. The Assistant Vice President for Research, Publication, and Extension reviewed the proposal and Research Ethics Form for completeness and for compliance with University guidelines and format. The research ethics form was then forwarded to the RPO Director and Vice President for Research, Publication and Extension for further review and approval of the Research Ethic Review Committee. The researcher wrote letters and secured permission to the Mayor's office of the municipality. The researcher also secured respondent's consent in participating in the study. Rest assured that all their responses would be treated with utmost confidentiality. Provision of the final manuscript. The researchers provided the adviser the copy or the manuscript for assessment and reviewed the quality and relevance of the paper before the scheduling of the final research presentation. Once the paper was approved by the adviser, it will be forwarded to the College Research Coordinator for further review of completeness of the paper. The coordinator then met with the dean for scheduling the paper presentation. After final presentation, the researcher incorporated all the corrections and suggestions of Research panel. It was then reviewed by the adviser and panel members. After the paper was approved by the panel, it was then submitted to the Research and Publication office for Plagiarism and Grammarly tests. The researchers then forwarded the final paper to their

assigned editor. After incorporating all the corrections, the researcher submitted the final paper to the adviser and Research panel for signature and approval of binding.

A structured direct interview was used in conducting the study and taking notes to obtain the information gathered from the respondents. Gathering data was done every day, and anytime wherein the individual was convenient to participate in the study.

Data were collected from the respondents then consulted the statistician to analyze the data. Tables were made to fill in the results on each asked to analyze and interpret the following differences.

The partial questionnaire underwent pilot testing unite approximately 15 respondents which were not part of the study.

The researcher used frequency, percentage, and means to describe the demographic profile, level of awareness, knowledge and their practices.

RESULTS AND DISCUSSION

This section presents findings collected and studied. It also expounds the level of knowledge, awareness of Sexually Transmitted Diseases and safe sexual practices.

Objective 1: To determine the demographic profile of the respondents according to their age, sex, occupation, educational attainment, and socioeconomic status.

Table 1

Frequency and Percentage Distribution of the respondents by gender, age, occupation, educational attainment, and socio-economic status.

	Frequency	Percentage
Gender		
Male	50	50
Female	50	50
Overall Total:	100	100

Table 1 Continued

	Frequency	Percentage
Age		
18-20 years old	13	13
21-23 years old	41	41
24-27 years old	38	38
28-30 years old	8	8
Overall Total:	100	100
Occupation		
Student	30	30
Employee	16	16
Driver	2	2
Self Employed	5	5
Make-up Artist	2	2
Businessman/Woman	10	10
Free Lancer	18	18
Virtual Assistant	10	10
Data Entry	7	7
Overall Total:	100	100
Educational Attainment		
Elementary Graduate	4	4
High school Graduate	42	42
College Graduate	54	54
Overall Total:	100	100
Socio-economic status		
Less than 5,000	4	4
6,000 – 10,000	24	24
11,000 – 15,000	38	38
16,000 – 20,000	24	24
21,000 – 25,000	9	9
25,000 and up	1	1
Overall Total:	100	100

Table 1 shows that the respondents were composed of 50 males and 50 females. Studies show that women acquire sexually transmitted disease more frequently and with more serious complications than men (Eisenberg, 2001).

As to age range, 13% of the respondents are aged 18-20 years old, 41% are 21-23 years old, 38% are 24-27 years old, and 8% are 28-30 years.

Since the respondents in Poblacion, Valencia City, were randomly selected, they were composed of 30% students, 16% were employees in different offices, 2% were drivers of tricycles, 5% were self-employed, 2% were make-up artists, 10% were also businessmen/women, 18% were freelancers, 10% are virtual assistants and 7% were data entry clerks.

For the educational attainment, most respondents were college graduates (54 or 54%), high school graduate (42 or 42%), and were able to finish elementary level (4 or 4%).

Education is also important in far less obvious fields such as health (Connelyn, 2016). An individual must know and identify what is going on with one's health because lack of health knowledge and awareness might put them in danger. Like for example, in engaging to sexual intercourse, they must know what are the consequences for avoidance and prevention.

Past survey shows that more than 90% of Americans over age 18 felt that sex education is very important and that it should be included in the public school curricula. Nineteen percent of the adults supported teaching sex education in high school. These studies show that most adults believe that middle school is the most appropriate time to start sex education (Levitz, 2017).

For the socio-economic status, respondents earning less than 5,000 were only 4%, 24% of them were earning around 6,000 – 10,000, 38% earned 11,000 – 15,000, 24% earned higher between 15,000 – 20,000, 9% of them earned ranging from 21,000-25,000, and there's only 1 (1%) who earned more than 25,000.

Objective 2: To determine the level of awareness, knowledge in sexually transmitted disease and sexual practices.

Table 2

Level of Awareness on Sexually Transmitted Disease

Awareness	Mean	Standard Deviation	Verbal Description
1. Did you ever heard anything about STD or Sexually transmitted disease?	3.66	0.606	<i>Highly Aware</i>
2. Ever heard of <i>Chlamydia</i> ?	2.13	0.883	<i>Moderately Aware</i>
3. Ever heard of <i>Herpes</i> ?	2.47	0.869	<i>Moderately Aware</i>
4. Ever heard of <i>HPV or Human Papilloma Virus</i> ?	1.82	0.845	<i>Moderately Aware</i>
5. Ever heard of <i>Trichonomas</i> ?	1.74	0.894	<i>Moderately Aware</i>
6. Ever heard of <i>Hepatitis</i> ?	3.16	0.720	<i>Aware</i>
7. Ever heard of <i>Syphilis</i> ?	2.84	0.918	<i>Aware</i>
8. Ever heard of <i>Gonorrhea</i> ?	2.35	1.095	<i>Moderately Aware</i>
9. Ever heard of <i>HIV/AIDS</i> ?	3.85	0.411	<i>Highly Aware</i>
Overall Mean :	2.67	0.804	<i>Aware</i>

Legend

Scale	Range	Verbal Description
4	3.50 – 4.00	Highly knowledgeable
3	2.50- 3.49	Knowledgeable
2	1.50 – 2.49	Moderately knowledgeable
1	1.00-1.49	Not knowledgeable

Table 2 shows the level of awareness of the respondents when it comes to the different sexually transmitted disease. It reveals that the respondents overall level of awareness had an average mean of 2.67, which was interpreted as “Aware”.

Specifically, Table 2 shows that the respondents have high awareness about the sexually transmitted disease with a mean of 3.66 and HIV/AIDS with a 3.85 mean. As to the different types of sexually transmitted disease, the respondents are moderately aware of Chlamydia, Herpes, HPV or Human Papilloma Virus, Trichonomas and Gonorrhea, with an average mean of 1.5 - 2.49. Hepatitis and Syphilis were perceived aware with an average mean of 2.50 – 3.49.

The Sexually Transmitted Disease leads to be the major health problem all

over the world.

Since there are 30 million Filipinos who have internet access through their phone, tablet, and computer, many can access unlimited information about sexuality, birth control, and sexually transmitted diseases thru images and explicit videos.

Table 3

Source of Information about Sexually Transmitted Disease

Where did you hear?	Frequency	Percentage	Rank
Parents	13	13	4
School	83	83	2
Classmates, peer	72	72	3
Television	72	72	3
Social Media	84	84	1
Others	7	7	5

Table 3 shows the source of the information about the Sexually Transmitted Disease. Most respondents acquired information from the social media with 84% and ranked 1. Most school teaches sex education and part of it are the different diseases acquired through sexual intercourse. The influence of getting information from the school ranked 2 with 83%. Information from classmates, peers, and television ranked 3 with 72%. According to a psychologist Sharon Maxwell, a psychologist, parents should be the primary one to teach their children about character, including sexual values. But the result shows that parents ranked 4, with 13% only. Other sources of information include the lawyers and magazines, with 7%.

Social media like Facebook and Twitter have become a popular option for providing interventions of the target adolescents (Jones, 2014). These Internet-based applications are quickly replacing traditional forms of media communication and offer individual users rapid transference of ideas and opinions through a relatively low-cost and user-friendly network. Social media has been defined as “forms of electronic communication through which users create online communities to share information, ideas, personal messages, and other content.” The Centers for Disease Control and Prevention use media

tools to provide credible, science-based health information, which includes blogs, e-mail updates, mobile communication, Facebook, podcasts, Twitter, and multiple applications to download to mobile devices. Eighty percent of teens are using Facebook. Other studies confirm the adolescents' acceptance of social media as a way of receiving health information.

Table 4

Level of Knowledge on Sexually Transmitted Disease

Knowledge	Mean	Standard Deviation	Verbal Description
<i>CHLAMYDIA</i>			
1. There is a cure for Chlamydia?	2.03	0.926	<i>Moderately Knowledgeable</i>
2. Frequent urination can cause chlamydia?	1.54	0.744	<i>Moderately Knowledgeable</i>
3. A woman can tell that she has chlamydia if she has a bad smelling odor from her vagina.	2.00	0.953	<i>Moderately Knowledgeable</i>
4. There is a vaccine that prevents a person from getting Chlamydia.	1.57	0.714	<i>Moderately Knowledgeable</i>
<i>HERPES</i>			
5. Genital Herpes is caused by the same virus as HIV.	1.42	0.699	<i>Not Knowledgeable</i>
6. A woman who has Genital Herpes can pass the infection to her baby during childbirth.	1.45	0.657	<i>Not Knowledgeable</i>
7. A person who has genital herpes must have open sores to give the infection to his or her sexual partner.	1.57	0.685	<i>Moderately Knowledgeable</i>
<i>GONORRHEA</i>			
8. There is a cure for Gonorrhoea	2.20	0.974	<i>Moderately Knowledgeable</i>
9. A woman can look at her body and tell if she has Gonorrhoea.	1.98	0.942	<i>Moderately Knowledgeable</i>
10. There is a vaccine available to prevent a person from getting Gonorrhoea.	1.52	0.643	<i>Moderately Knowledgeable</i>
11. If a person had Gonorrhoea in the past he or she is immune (protected) from getting it again.	1.46	0.702	<i>Not Knowledgeable</i>

Table 4 Continued

Knowledge	Mean	Standard Deviation	Verbal Description
<i>HUMAN PAPILLOMA VIRUS</i>			
12. Human Papilloma virus is caused by the same virus that causes HIV.	1.27	0.583	<i>Not Knowledgeable</i>
13. Human Papilloma virus can cause Genital Warts	1.32	0.617	<i>Not Knowledgeable</i>
14. Human papillomavirus can lead to cancer in women.	1.35	0.672	<i>Not Knowledgeable</i>
15. Human Papilloma virus can cause HIV.	1.30	0.627	<i>Not Knowledgeable</i>
<i>HEPATITIS</i>			
16. Having anal sex increases a person's risk of getting Hepatitis B.	1.56	0.808	<i>Moderately Knowledgeable</i>
17. A man can tell by the way his body feels if he has Hepatitis B.	2.09	0.933	<i>Moderately Knowledgeable</i>
18. There is a vaccine that can protect a person from getting Hepatitis B.	2.74	0.927	<i>Knowledgeable</i>
<i>HIV/AIDS</i>			
19. It is easier to get HIV if a person has another Sexually Transmitted disease	3.24	0.830	<i>Knowledgeable</i>
20. Soon after infection with HIV a person develops open sores on his or her genitals (penis or vagina)	1.90	0.785	<i>Moderately Knowledgeable</i>
21. Using a natural skin (lambskin) condom can protect a person from getting HIV.	2.40	0.752	<i>Moderately Knowledgeable</i>
22. If a person tests positive for HIV the test can tell how sick the person will become.	1.93	0.831	<i>Moderately Knowledgeable</i>
<i>STDs</i>			
23. The same virus causes all of the Sexually transmitted diseases.	1.60	0.887	<i>Moderately Knowledgeable</i>
24. Sexually transmitted diseases can lead to health problems that are usually more serious for men than women.	3.05	0.757	<i>Knowledgeable</i>
25. A woman can tell by the way her body feels if she has sexually transmitted disease.	2.25	0.821	<i>Moderately Knowledgeable</i>
26. A man must have vaginal sex to get Genital Warts.	1.64	0.689	<i>Moderately Knowledgeable</i>

Table 4 Continued

Knowledge	Mean	Standard Deviation	Verbal Description
27. A man can protect himself from getting Genital warts by washing his genitals after sex.	1.64	0.659	<i>Moderately Knowledgeable</i>
Over all Mean:	1.85	0.771	<i>Moderately Knowledgeable</i>

Legend

Scale	Range	Verbal Description
4	3.50 – 4.00	Highly knowledgeable
3	2.50- 3.49	Knowledgeable
2	1.50 – 2.49	Moderately knowledgeable
1	1.00-1.49	Not knowledgeable

Table 4 presents the level of Knowledge on sexually transmitted disease and its different types. The level of knowledge had an average mean of 1.85, which was interpreted as “Moderately Knowledgeable”.

Knowledge was categorized according to the types. In Chlamydia, all questions were interpreted as moderately knowledgeable. In Herpes, respondents are not knowledgeable in the virus caused by genital herpes and if genital herpes can be passed by the mother to her baby during childbirth. They are moderately knowledgeable when it comes to transmission of herpes. In gonorrhea, respondents are moderately knowledgeable when it comes to the cure, symptoms, and vaccines but were not knowledgeable when it comes to re-occurrence.

Another sexually transmitted disease is the Human Papilloma Virus (HPV) wherein all of the following questions were interpreted as not knowledgeable: whether HPV virus can cause genital warts, if it leads to cancer in woman, and if it can cause HIV. For Hepatitis, respondents are moderately aware on indulging anal sex increase to get Hepatitis B and how a man can tell if he has Hepatitis B and knowledgeable about getting vaccine to protect from having Hepatitis B. In HIV/AIDS, respondents are knowledgeable about easily acquiring HIV if a person has a sexually transmitted disease. They are moderately knowledgeable about a person developing an open sore on his/her genitals after being infected with HIV, using natural skin condom to protect from getting HIV, and test about being positive on HIV. For questions about STDs, they are knowledgeable about Sexually Transmitted Disease leading to serious that health problems to men than women. They are moderately knowledgeable the same virus causes all the sexually transmitted diseases, if a woman can tell her body feels if she has sexually transmitted disease, a man must have vaginal sex to get genital warts and

if a man can protect himself from getting genital warts, by washing his genitals after sex.

Knowledge of STI is important for adequate prevention and management, as people who do not recognize or know the signs and symptoms may fail to recognize their need to seek help. Knowledge of other STIs aside from HIV/AIDS is low in developing world (Amu and Adegun, 2015). Since the respondents' knowledge was moderate, this means that they have some knowledge to some of the Sexually Transmitted Disease and its signs and symptoms. That is why providing important information about the Sexually Transmitted Diseases and availing health services are highly desirable and effective management to prevent and control the transmissions of infections.

Table 5

Safe Sexual Practices

Practices	Mean	Standard Deviation	Verbal Description
1. I insist on condom use when I have sexual intercourse.	2.27	0.851	<i>Sometimes</i>
2. I use cocaine or other drugs prior to or during sexual intercourse.	1.12	0.326	<i>Never</i>
3. I stop foreplay long enough to put on a condom (or for my partner to put on a condom).	1.83	0.603	<i>Sometimes</i>
4. I ask potential sexual partners about their sexual histories.	2.13	0.719	<i>Sometimes</i>
5. I avoid direct contact with my sexual partner's semen or vaginal secretions.	2.11	0.737	<i>Sometimes</i>
6. I ask my potential sexual partners about a history of bisexual/homosexual practices.	2.02	0.666	<i>Sometimes</i>
7. I engage in sexual intercourse on a first date.	1.54	0.796	<i>Sometimes</i>
8. I abstain from sexual intercourse when I do not know my partner's sexual history.	2.62	0.951	<i>Most of the time</i>

Table 5 Continued

Practices	Mean	Standard Deviation	Verbal Description
9. I avoid sexual intercourse when I have sores or irritation in my genital area.	3.00	0.864	<i>Most of the time</i>
10. If I know an encounter may lead to sexual intercourse, I carry a condom with me.	2.04	0.665	<i>Sometimes</i>
11. I insist on examining my sexual partner for sores, cuts or abrasions in the genital area.	2.16	0.706	<i>Sometimes</i>
12. If I disagree with information that my partner presents on safer sex practices, I state my point of view.	1.89	0.665	<i>Sometimes</i>
13. I engage in oral sex without using protective barriers such as a condom or rubber dam.	1.48	0.797	<i>Never</i>
14. If swept away in the passion of the moment, I have sexual intercourse without using a condom.	2.16	0.787	<i>Sometimes</i>
15. I engage in anal intercourse.	1.18	0.625	<i>Never</i>
16. If I know an encounter may lead to sexual intercourse, I have a mental plan to practice safer sex.	2.26	0.733	<i>Sometimes</i>
17. If my partner insists on sexual intercourse without a condom, I refuse to have sexual intercourse.	1.78	0.718	<i>Sometimes</i>
18. I avoid direct contact with my sexual partner's blood.	3.14	0.876	<i>Most of the time</i>
19. It is difficult for me to discuss sexual issues with my sexual partners.	2.08	0.614	<i>Sometimes</i>
20. I initiate the topic of safer sex with my potential sexual partner.	2.38	0.707	<i>Sometimes</i>
21. I have sexual intercourse with someone who I know is a bisexual or gay person.	1.11	0.529	<i>Never</i>
22. I engage in anal intercourse without using a condom.	1.13	0.525	<i>Never</i>
23. I drink alcoholic beverages prior to or during sexual intercourse.	1.85	0.716	<i>Sometimes</i>
Overall Mean :	1.97	0.703	<i>Sometimes</i>

Legend

Scale	Range	Verbal Description
4	3.50 - 4.00	Always
3	2.50- 3.49	Most of the time
2	1.50 - 2.49	Sometimes
1	1.00-1.49	Never

Table 5 shows the sexual values the respondents have when indulging in sexual intercourse. The overall mean average is 1.97, which is interpreted as sometimes. It means that the respondents in Poblacion, Valencia City, apply these different practices sometimes.

Specifically, the practices they apply most of the time was to abstain from sexual intercourse when they do not know their partner's sexual history and avoiding sexual intercourse if they have sores or irritation in the genital area and avoiding direct contact with their partner's blood. The practices they practiced sometimes are the following: insist on condom use when indulging sexual intercourse, stop foreplay to put on a condom, asking potential sexual partners about their sexual histories, avoid direct contact with a semen or vaginal secretions, asking their partner about history of bisexual/homosexual practices, engaging sexual intercourse on a first date, carrying condom with them for emergency purposes, examining partner for sores, cuts or abrasions in genital area, disagree with information if the partner presents on safer sex practices and stating their point of view, having sexual intercourse without using condom, their thinking in practice safer sex, refusing to have a sexual intercourse without condom, and discussing sexual issues with sexual partners, and initiate topic about safer sex and drinking alcoholic beverages prior to or during sexual intercourse. They never practiced the following: using cocaine or other drugs prior to or during sexual intercourse, engaging oral sex without using protective barriers such as condom or rubber dam, engage in anal intercourse, having sexual intercourse with a bisexual or a gay person, and engaging in anal intercourse without using a condom.

An individual must not be afraid to take control of one's sexual health. Being ready, prepared, and safe are healthy and wise (Krucik, 2013). Preventing getting or transmitting sexual infections (syphilis, gonorrhea, HPV, chlamydia, AIDS/HIV, herpes, hepatitis) helps both partners to stay disease-free, and for women to prevent unwanted pregnancy.

If an individual is sexually active, regular checkups should be advised since the respondent itself would not even recognize signs and symptoms that could be considered as infections.

Communication is a key to both partners in order to know past histories of their own sexual experiences and be able to trace potential STDs, discuss preferences, and decisions to practice safer sex. Some sexual infections are incurable and both should discuss the use of protection to prevent transmissions of incurable disease and discuss for regular checkups.

Objective 3: To determine the significant difference among male and female when it comes to knowledge and awareness.

Hypothesis:

Ho1: There is no significant difference in awareness about sexually transmitted disease between male and female adolescents.

Table 6

Influence of Respondents' Profile to Awareness

	INDICATORS	MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT
Gender	Male	2.49	Moderately Aware	T Calculated Value = -3.73 Degrees of freedom = 96 P-values = 0.000 Conclusion = T Calculated Value > T Critical Value Interpretation = Significant
	Female	2.85	Highly Aware	
	Difference	-0.36		

Table 6 shows that females are highly aware of the sexually transmitted disease, with a mean of 2.85 while males are moderately aware, with a mean of 2.49.

Ho2: There is no significant difference in knowledge of sexually transmitted disease between male and female adolescents.

Table 7

Influence of Respondents' Profile to Knowledge

	INDICATORS	MEAN	QUALITATIVE DESCRIPTION	T-TEST RESULT
Gender	Male	1.69	Moderately Knowledgeable	T Calculated Value = -3.48 Degrees of freedom = 96 P-values = 0.001 Conclusion = T Calculated Value > T Critical Value Interpretation = Significant
	Female	2.01	Moderately Knowledgeable	
	Difference	-0.32		

On knowledge, both genders are moderately knowledgeable but differ in mean where women got 2.01 and men got 1.69.

According to Ehde Hold and Robbins (1995), in comparing the level of knowledge of male and female, it was found out that females are more knowledgeable than males about Sexually Transmitted Disease and its transmission.

Focal Group Discussion

During the focal group discussion, when asked about how to get sexually transmitted disease, all of them answered that it is through sexual contact, specifically through multiple sexual partners and anal intercourse. It is understood that having multiple sexual partners could obviously provide a high risk for acquisition of sexually transmitted diseases. Anal sex is the riskiest form of sexual activity because of the lack of natural lubrication the vagina has. So, the penetration can tear tissue inside the anus allowing bacteria and viruses to enter the bloodstream and the anus is full of bacteria even if both partners do not have sexually transmitted infection (Robinsons, 2017).

In prevention of transmitting and acquiring sexually transmitted infections, all answered that it is by using contraceptives. There are different types of contraceptives that does not just prevent STD transmissions but also prevent pregnancy. The most commonly used is the condom, which can be worn during vaginal, oral, and anal sex. However, the most effective prevention of STDs is complete abstinence in sexual intercourse wherein there is no intimate sexual contact (Gupta, 2016).

In determining signs and symptoms of a person having STDs, respondents had no idea since they have not witnessed or seen one. STD often has no signs or symptoms but even the absence of symptoms and the infection can still be transmitted to the partners. Common STD symptoms have discharges (thick or thin, milky white, yellow or green leakage from the vagina), vaginal itching, painful urination, and pain during intercourse.

On how to promote safe sexual practices to others, most of them answered that it is through social media since, according to Jones (2015), social media creates communities in which one is able to share information, opinions, and provide facts that could promote awareness of people.

CONCLUSIONS

Sexually Transmitted Disease is a group of illnesses caused by a bacteria or virus. Individuals have moderate awareness and knowledge about the different sexual infections and their symptoms. Since most of the infections are asymptomatic and may show mild symptoms but cannot be considered or recognized as sexual infections, an individual's health is at risk. It shows that people engage in sexual intercourse for emotional feelings, arousal itself, and enjoyment, but did not think about what might be the consequences to one's health, especially to those

who are not using condoms and having multiple sex partners. Lack of education and awareness cannot prevent the spread of Sexually Transmitted Disease. Both partners should have proper education or planning about maintaining healthy and safe sexual practices because it does not matter who is more aware or more knowledgeable. What matters is that the partners itself should plan and be oriented.

RECOMMENDATIONS

1. Individuals should start educating themselves by reading articles in the internet about safe sex and the diseases related to it;
2. Parents should start educating their children about sex and the possible disease to get. Educating children is not to promote premarital sex but for them to be aware and be knowledgeable about it;
3. The government should conduct seminars that will help an individual to be aware about sex-related diseases;
4. Public hospitals should have programs in treating sexually related diseases for those who cannot afford medicines and antibiotics; and
5. Future researchers should do more field studies or research should be done to provide more substantial data that will help the society to be more knowledgeable about the sexually transmitted disease and its transmission.

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