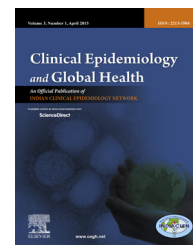


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# Sexual behaviours and condom use among young urban women in a town in northeast India: Implications for prevention and control of sexually transmitted infections

Bichitrani Marak<sup>a,b</sup>, Tarun Bhatnagar<sup>a,\*</sup>

<sup>a</sup>ICMR School of Public Health, National Institute of Epidemiology, Indian Council of Medical Research, Chennai, India

<sup>b</sup>Sub-divisional Medical and Health Officer, Baghmara, South Garo Hills, Meghalaya, India

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## ABSTRACT

**Background/objectives:** Young women are more vulnerable to sexually transmitted infections (STIs). Our objectives were to estimate the prevalence of sexual behaviours and condom use by types of partner, and determine the factors associated with condom use during last sex among 18–24-year-old young women of Tura town in Meghalaya.

**Methods:** We did a cross-sectional survey among 250 young women using colour-coded audio computer assisted self-interview system for data collection. Multiple logistic regression analysis was used to estimate adjusted odds ratio to determine the factors independently associated with condom use.

**Results:** Ever having sex was reported by 61% women. In all, 20% were married, and 18% had a boyfriend. Pre-marital sex was reported by 54% women. Thirteen percent of 92 women reported ever practicing anal sex. Prevalence of condom use during last sex was 32% with husband and 38% with boyfriend. Age between 18 and 20 years, students, teachers, and knowledge on HIV prevention were significantly associated with condom use during last sex with husband.

**Conclusions:** Young urban women in this area need comprehensive sexual education and awareness on modes of transmission of STIs, including HIV. Prevention messages targeting young individuals should include information on risk of early sexual debut, pre-marital sex, and unsafe sex.

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## 1. Introduction

Globally about 340 million new cases of four main curable sexually transmitted infections (STIs), i.e., gonorrhoea,

chlamydia, syphilis, and trichomoniasis, occur every year in men and women aged between 15 and 49 years,<sup>1</sup> with 75–85% occurring in developing countries and nearly half among young people aged 18–24 years. Young women, aged 18–24 years, had highest rate of STIs as compared to any other age

\* Corresponding author at: ICMR School of Public Health, National Institute of Epidemiology, Indian Council of Medical Research, R-127, Tamil Nadu Housing Board, Ayapakkam, Chennai 600077, India. Tel.: +91 44 26136211; fax: +91 44 26136426.

E-mail addresses: [mph5cbchm@gmail.com](mailto:mph5cbchm@gmail.com) (B. Marak), [tarunbhatnagar@nie.gov.in](mailto:tarunbhatnagar@nie.gov.in) (T. Bhatnagar).

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and sex.<sup>2</sup> Women are more vulnerable to STIs due to biological and social factors, including less negotiating power for sex, economic dependence, less education and different socio-cultural norms for men and women.<sup>3</sup>

Early initiation of sexual intercourse and more number of sexual partners indicate risky behaviour.<sup>4</sup> Entry into sexual life at a younger age has been considered to lead to higher reporting of sign and symptoms of genital infection in young women than men. Whether forced<sup>5</sup>/(unwanted) or otherwise, most of the young women here are often vulnerable to unsafe sexual intercourse. Although condoms prevent unintended pregnancy and STIs including HIV, their use remains inconsistent. The greatest responsibility for safe sex is placed on women due to possible consequences of unprotected sex being generally more serious in them than in men.

The reported prevalence of STIs and reproductive tract infections (RTI) among adults is 19% in Meghalaya state of India and 25% in West Garo Hills district of Meghalaya.<sup>6</sup> According to recent evaluation of STI/RTI prevention and management programme, 42% of STI cases attending District Hospital STI Clinic in Tura town of West Garo Hills were among 18–24-year-old females.<sup>7</sup> In Meghalaya, women are the decision makers regarding health and sexual matters.<sup>8</sup> Further, knowing the usage pattern of condoms among women can be useful to foster the development of programme for the promotion of condom use. However, there are no data available on sexual behaviour and of condom use, in Tura town. We conducted this study to describe the sexual behaviour among young female adult aged 18–24 years in Tura, estimate the prevalence of condom use and determine the factors associated with condom use among them.

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## 2. Methods

### 2.1. Study design and setting

We conducted a cross-sectional survey in Tura town, district headquarters of West Garo Hills in Meghalaya, from January to March, 2014. The population of West Garo hills is 6,42,923, and the population of Tura is 75,078 with 80% scheduled tribes. The average female literacy rate is 90.27%.<sup>9</sup>

### 2.2. Sampling and sample size

Assuming the proportion of women, who ever had sex to be 22%,<sup>8</sup> relative precision 5.5%, 95% confidence interval (CI) and 20% non-response; we calculated the sample size to be 250. We used a table of random numbers to select 250 young females aged 18–24 years from the 2013 electoral list of 3600 women in Tura town. Those not available at the time of survey were replaced by another participant randomly selected from the electoral list until the sample size of 250 was achieved.

### 2.3. Data collection

We used color-coded audio computer assisted self-interview (C-ACASI) system for data collection.<sup>10</sup> Data were collected

using a structured questionnaire including items related to socio-demographic characteristics, numbers and types of sexual partners (husband; 'boyfriend', defined as regular non-paying male sexual partner; 'casual partner', defined as non-regular non-paying male sexual partner other than husband or boyfriend; 'paying partner', defined as male partner other than husband, boyfriend or casual partner who had sex in exchange for money or gift), sexual practices with husband (ever and in last 30 days) and other partners (in last three months), STI-related knowledge/symptoms and HIV/AIDS-related knowledge. Structured questionnaires in English were translated into local language of the participants, which was pilot-tested and revised. Each question was recorded in female voice and saved as digital sound file. The recording included the text, valid responses, and instructions to the participants that were played for each new question, which the participants could hear through headphones. Response categories were linked to a unique colour that was displayed on a specific alphabet/symbol button on the keyboard, using coloured stickers. The screen in the C-ACASI displayed the question ID and the colour-coded valid response bars (for categorical responses) or a blank box (for numeric responses). Neither the question nor the response texts were displayed on the screen to further ensure privacy and confidentiality for the participants. Only participant ID number, current date and time, together with "NEXT" and "PREVIOUS" arrow buttons to navigate to the next or previous questions were displayed. The participants were able to replay the question and valid responses by pressing a button on the keyboard, marked as "headphone". The entry of a response was marked by the change in the colour of the corresponding response bar on the screen to grey, along with a "beep" sound.

We selected three local female interviewers, who were trained to handle C-ACASI software on laptop computers. The interviewers approached the participants at their households and administered the interviews in the participants' homes or another place convenient to the participants. Participants were instructed on the use of the laptop computer and to complete the C-ACASI practice module, after which they themselves were able to use the system unassisted. The interviewers were available to clarify any questions and, if needed, to assist in using C-ACASI.

### 2.4. Ethics statement

The interviewers obtained written informed consent from the study participants. The study procedures were approved by the Institutional Ethics Committee of National Institute of Epidemiology, ICMR, Chennai.

### 2.5. Data analysis

We calculated proportions for socio-demographic and behaviour characteristics. We calculated the odds ratio with 95% CI, for selected exposure of young women among users and non-users of condom during last sex with husband and boyfriend, separately. We used multiple logistic regression to calculate the adjusted odds ratio and 95% CI for variables with  $p$ -value < 0.05 in univariate analysis. Analysis of data was done using EpiInfo version 3.5.3.

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