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Factors Contributing to an Increase of STIs among Youths at Kanyama Level One Hospital in Lusaka District, Zambia

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Abstract: Sexually Transmitted Infections (STIs) emerged as a predominant health concern among Zambian youths, particularly those aged between 18 and 35 years. Several factors contributed to the rising prevalence of STIs within this demographic. This study aimed to assess the factors influencing the increase of STIs among youths in Kanyama compound, Lusaka District, Zambia, with data collected specifically from Kanyama Level One Hospital. A quantitative research design was employed to enable systematic investigation and facilitate generalization of findings. Data were collected from 133 participants recruited through the hospital's youth-friendly corner. To ensure gender balance, respondents were categorized by sex. Fifty participants were selected using purposive sampling, while the remaining 83 were chosen through random sampling. Questionnaires and interviews served as the primary data collection instruments. The findings were intended to inform future strategies for STI prevention among young people in Zambia.
Keywords: STIs, Young People, Zambian Youths, Quantitative Study.

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1. INTRODUCTION AND BACKGROUND

1.1 Introduction

Sexually transmitted infections (STIs) continue to present a major public health challenge in Zambia. The country records approximately 200,000 STI cases annually through the formal healthcare system, with the youth being the most vulnerable group (Ndupani, 2001). Given their central role in managing STIs, healthcare professionals are vital to early diagnosis, effective treatment, and preventative education. This chapter therefore provides an overview of the study, including the background, problem statement, study purpose, objectives, research questions, significance, and key conceptual definitions.

1.2 Background

STIs remain a pressing global health issue, particularly in low-income nations like Zambia (Genius *et al*., 2017). The prevalence and distribution of these infections vary globally, with more than one million individuals acquiring STIs daily. To date, over 30 sexually transmissible bacterial, viral, and parasitic agents have been identified. According to the World Health Organization (WHO), the year 2020 alone saw 374 million new infections of four major STIs—Chlamydia (129 million), Gonorrhoea (82 million), Syphilis (7.1 million), and Trichomoniasis (156 million). Additional figures show that more than 490 million people lived with genital herpes in 2016, while around 296 million were living with chronic hepatitis B. Moreover, human papillomavirus (HPV) remains widespread, affecting an estimated 300 million women globally. Notably, STIs significantly contribute to the transmission of HIV, worsening the global disease burden (Resom Berhe, 2016).

The repercussions of STIs go beyond the initial infections, often resulting in long-term and severe health issues. For instance, infections such as herpes, gonorrhea, and syphilis enhance vulnerability to HIV. Additionally, STIs transmitted from mother to child can lead to severe consequences including stillbirth, premature birth, neonatal sepsis, congenital anomalies, and neonatal conjunctivitis. Furthermore, HPV is a leading cause of cervical cancer and other malignancies. Hepatitis B infection has also been linked to liver diseases such as cirrhosis and hepatocellular carcinoma, accounting for an estimated 820,000 deaths in 2019. Moreover, untreated gonorrhea and chlamydia

are primary causes of pelvic inflammatory disease and infertility in women.

Effective STI prevention and control rely significantly on individuals' health-seeking behaviors, which refer to the actions taken to address perceived health problems. These behaviors are especially critical in ensuring timely diagnosis and treatment to prevent complications.

Zambia is among the nine African countries severely impacted by both STIs and HIV. Approximately one million Zambians are estimated to be living with HIV, with women disproportionately affected by STIs, showing a prevalence rate of 12.5% (STIF, 2017). Several socio-cultural and economic factors fuel the spread of these infections, including having multiple sexual partners, inconsistent condom use, cultural practices, widespread poverty, and limited access to healthcare (Weiss *et al*., 2014; USAID & Impact, 2015). Due to the resource-constrained health system, Zambia has adopted the WHO's syndromic approach to STI management, which relies on recognizable symptoms for diagnosis and treatment in the absence of laboratory tests.

Recent data suggest a worrying trend of increasing STI cases among Zambian youth, making this a significant concern for the Ministry of Health. Poverty has been cited as a major contributor to risky sexual Behaviour, further escalating the spread of STIs. In response, the government launched the National Health Insurance Scheme in 2019 to enhance healthcare funding, including STI and HIV-related services.

1.3 Statement of the Problem

Sexually transmitted infections (STIs), including HIV, continue to pose a serious public health challenge among Zambian youths, despite several intervention efforts. A significant proportion of adolescents in Zambia engage in early sexual activity, with the median age of sexual debut being 16.6 years for females and 16.0 years for males (UNICEF, UNAIDS & WHO, 2014). This early initiation into sexual activity contributes to high rates of STIs, with some regions reporting herpes simplex virus type 2 prevalence as high as 50% (Weiss *et al*., 2014). In addition, nearly 25% of young men in Zambia have reported having had an STI, and over 70% are aware of someone who has been infected (Ndubani & Hojer, 2015).

In response, the Zambian Ministry of Health has implemented various strategies to curb STI transmission. These include public health education, condom promotion, voluntary counseling and testing (VCT), prevention of mother-to-child transmission (PMTCT), safe blood supply, and case management (National HIV/AIDS/STI/TB Policy, 2002). Nonetheless, these efforts appear insufficient, as infection rates among youths continue to rise, particularly in high-density areas such as Kanyama compound in Lusaka.

Kanyama First Level Hospital, which serves a large and densely populated community, recorded 252 STI-positive cases among youths in 2022 out of 1,095 tested individuals, representing a considerable public health concern. The persistently high incidence of STIs in this area, despite ongoing health campaigns and interventions, suggests significant gaps in the effectiveness or coverage of existing strategies.

This troubling trend underscores the urgent need to reassess current approaches and understand the contextual factors contributing to continued STI transmission among youths in urban Zambian settings such as Kanyama.

Table 1.2.1: Statistical diagram

MONTHS	TOTAL TESTED	TESTED POSITIVE	TESTED NEGATIVE
January	00	00	00
February	00	00	00
March	00	00	00
April	00	00	00
May	00	00	00
June	218	73	145
July	00	00	00
August	209	44	165
September	00	00	00
October	123	28	95
November	205	39	166
December	340	68	272
TOTALS	***1,095***	***252***	***743***

1.4 Objectives

To assess factors contributing to the high prevalence of STIs among youths from Kanyama first level hospital, in Lusaka District.

The primary objectives of this study are as follows:

1.5 Specific Objectives

1. To determine the knowledge level of STIs among youths from Kanyama first level hospital, in Lusaka District.
2. To assess sexual behaviours associated with STIs from Kanyama first level hospital, in Lusaka District.

1.6 Research Question

1. What is the level of knowledge that the youths from Kanyama first level hospital have concerning the spread, acquisition, treatment, and prevention of STIs?
2. What are the sexual behaviours contributing to the increased rate of STIs among youths from Kanyama first level hospital, in Lusaka district?

1.7 Research Hypothesis

H0: There is a relationship between knowledge level of STIs and high prevalence of STIs among the youths of Kanyama first level hospital, in Lusaka District.

H1: There is no relationship between knowledge level of STIs and high prevalence of STIs among the youths of Kanyama first level hospital, in Lusaka District.

H0: There is a relationship between sexual behaviours associated with STIs and the high prevalence of STIs among youths of Kanyama first level hospital, in Lusaka District.

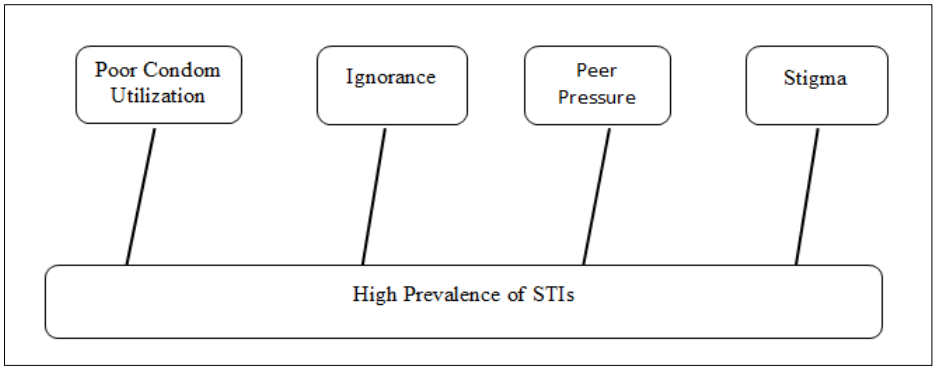
H1: There is no relationship between sexual behaviours associated with STIs and the high prevalence of STIs among youths of Kanyama first level hospital, in Lusaka District.

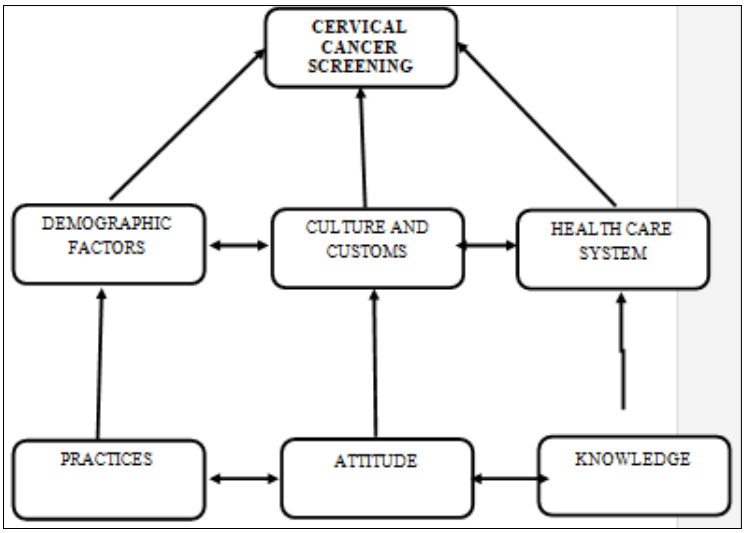
1.8 Justification of the Study

This study will impact the nation positively in the sense that it will raise awareness behind the increase of STIs among youths in Zambia. The government will greatly benefit from this study more especially the ministry of health due to the fact that the information to be documented in this study will spread the awareness concerning the factors associated with the increase of STIs and suggestions, of some of the effective measures that need to be put in place to over-ride the factors that influence STIs among youths from Kanyama first level hospital. The information to be collected will also help the government in the fight against STIs among youths in Zambia. Stakeholders with the desire of ending STIs among young people will also greatly benefit from the information that will be obtained.

1.9 Conceptual Framework

1.10. Analysis Diagram





2.0 LITERATURE REVIEW

2.1 Introduction

This chapter critically evaluates existing scholarly literature concerning the high prevalence of sexually transmitted infections (STIs), with a focus on adolescent and youth vulnerability, patterns of transmission, prevention strategies, treatment options, and youth-centered service delivery models. The discussion aims to provide insight into the multifaceted nature of STI epidemiology and the gaps in current interventions and services.

2.2 Overview of Sexually Transmitted Infections

Sexually transmitted infections (STIs) refer to a broad range of conditions caused by pathogens including bacteria, viruses, and parasites that are transmitted primarily through sexual activity (CDC, 2022). The term "sexually transmitted diseases" (STDs) is used to describe the symptomatic phase of these infections (CDC, 2021). According to the World Health Organization (WHO, 2022), over 30 different pathogens can be sexually transmitted, with some capable of being passed from mother to child during pregnancy, childbirth, or breastfeeding.

Of particular concern are eight major STIs, four of which are curable namely, syphilis, gonorrhea, chlamydia, and trichomoniasis while the other four are incurable viral infections: HIV, herpes simplex virus (HSV), hepatitis B, and human papillomavirus (HPV) (WHO, 2022). These infections can lead to various complications, such as genital inflammation, infertility, pelvic inflammatory disease (PID), ectopic pregnancies, and neonatal complications like stillbirth and congenital deformities (CDC, 2022).

STIs remain a persistent global health burden. Annually, over 450 million new infections of the curable STIs are reported globally (Ndupani, 2001). Consequently, healthcare providers have a critical role in screening, diagnosing, treating, and educating the public about these infections.

Youth Vulnerability to STIs

Adolescents and young adults are disproportionately affected by STIs due to multiple interrelated biological, behavioral, and social factors. This group especially females aged 18–35 years is at the highest risk of contracting STIs (Curr Opin Pediatr, 2018). Biological susceptibility, including cervical ectopy in adolescent females, heightens the risk of infection (CDC, 2022). Gender norms and cultural expectations further limit young women's autonomy and access to reproductive healthcare services, compounding their vulnerability.

Moreover, adolescents often lack the cognitive maturity to understand the long-term consequences of risky sexual behaviors (Curr Opin Pediatr, 2018). This demographic also experiences higher rates of asymptomatic infections, which delays diagnosis and treatment, and increases the risk of long-term complications and further transmission.

In regional comparisons, female STI prevalence consistently exceeds that of males, although the gap is not always stark (Rowley & Berkley, 2011). However, due to symptom presentation differences, men are more likely to seek care, especially in symptom-based management systems. As a result, reliance on symptomatic treatment strategies might inadvertently exclude asymptomatic females from essential care, especially in resource-limited settings where laboratory testing is unavailable.

Symptoms of STIs

The clinical manifestations of STIs vary widely and may be absent in many cases. When present, common symptoms include genital sores or ulcers, dysuria, abnormal genital discharge, pelvic pain, and non-menstrual bleeding (Centre for Young Women's Health, 2021). These signs are often mistaken for other illnesses, particularly in adolescents, who may not seek care due to stigma, fear, or lack of knowledge.

Asymptomatic STIs are particularly problematic in young populations, as they contribute to the silent spread of infections and heighten the risk of complications. Early identification and prompt treatment are therefore essential.

Prevention of STIs

Abstinence is the most effective method of preventing STI transmission. However, for sexually active individuals, consistent condom use and the reduction of sexual partners significantly reduce transmission risks (WHO, 2022). Barrier methods such as latex condoms and dental dams prevent contact with infected body fluids and mucosal surfaces.

Current global research is exploring vaccine development for several STIs. While vaccines for HPV and hepatitis B are already in use, promising developments have been made in trials for herpes and HIV. Additionally, the meningitis B (MenB) vaccine has shown some protective effects against gonorrhea, although more studies are needed to confirm efficacy across different populations (WHO, 2022).

Biomedical interventions such as voluntary medical male circumcision, topical microbicides, and partner treatment have also shown promise in STI prevention. Pre- and post-exposure prophylaxis are being explored, though these must be balanced with concerns about antimicrobial resistance (WHO, 2022).

Public health campaigns emphasize regular healthcare visits, routine screening, and partner notification as core components of STI prevention. These approaches are especially critical for high-risk populations, such as

adolescents, young women, and marginalized groups who may face social and structural barriers to accessing care.

Public Health Strategies

Targeted prevention efforts must focus on the populations most affected by STIs namely, youth and women while also considering broader social determinants such as poverty, unstable housing, substance use, and lack of access to healthcare. These conditions elevate the risk of acquiring STIs and reduce the likelihood of seeking timely care.

Regular screening, public awareness, and health education are crucial in interrupting transmission chains. Schools, youth centers, and community organizations can play a significant role in disseminating accurate information and promoting safer sexual behaviors among adolescents.

Diagnosis and Treatment

Screening and early treatment are fundamental in STI control strategies, especially among sexually active youths and women. Regular testing encourages early diagnosis, which helps to mitigate transmission and minimize long-term health consequences. Routine conversations about sexual health should be normalized in healthcare settings, empowering adolescents to take control of their sexual health.

Healthcare providers should offer nonjudgmental counseling, confidential testing services, and effective treatment regimens tailored to young people's needs. Integrating STI screening into general health visits, particularly in youth-centered clinics, can increase service uptake.

2.3 Strategies to Deliver STI Services to Adolescents

Despite the high burden of STIs among youth, policies and programs have largely neglected the delivery of STI services to this group. Scholarly works acknowledge this gap and advocate for dedicated services tailored to adolescents' unique needs (Hughes & Berkley, 2011; Okonofua *et al*., 2012; Brabin, 2009). While many international agencies support comprehensive reproductive health services, STI care for adolescents remains a low priority.

A total of 76 services are typically included in the integrated reproductive health model, ranging from antenatal care to infertility services (Hardee & Yount, 2018). Unfortunately, STI diagnosis and treatment for adolescents are often sidelined within these broad health packages. Prevention is emphasized more than treatment, partly due to the historical alignment of STI programs with HIV interventions that lacked therapeutic options in the early stages.

To improve access and quality of services, programs should consider the specific needs of at-risk youth. Recommendations include making youth services more appealing to young men by integrating them into general outpatient departments instead of maternal and child health units, and employing male health workers (Lubanga, 1997). However, implementing such approaches particularly using social workers rather than clinicians—poses logistical and financial challenges.

Most youth-friendly STI services have been implemented as pilot projects in urban areas, which can attract high-risk clients. However, scalability and cost-effectiveness remain uncertain, especially in rural or resource-limited settings. A uniform approach may not suit all regions, underscoring the need for context-sensitive strategies.

2.4 Youth Services for STIs in Reproductive Health Clinics

Designing STI services specifically for adolescents is essential given their unique vulnerabilities and current gaps in care. Existing adult services are often ill-equipped to address the social, emotional, and clinical needs of adolescents, particularly those with high-risk behaviors such as sex work, substance abuse, or homelessness.

Therefore, rather than retrofitting adult clinics, services should be built around the specific demands of young clients. For example, in addition to STI treatment, services should include shelter, substance abuse treatment, and legal support for street-involved youth and young sex workers. For young men, recreational opportunities and condom distribution may be more engaging entry points into healthcare services.

Emergency contraception, male and female condoms, and safe abortion services should also be made available in youth-friendly settings, as these tools align more closely with young people's needs than long-term contraceptives like IUDs (unless requested for dual protection). Unfortunately, these services are often the weakest components in reproductive health programs.

To reach marginalized youth, unconventional service delivery approaches are needed. Mobile clinics, outreach programs, and pop-up services in places like brothels, street markets, or transport hubs can be effective in delivering care to adolescents who are reluctant to visit formal clinics (Wasserheit & Aral, 1996). Despite their promise, such models remain largely theoretical and have not been widely implemented.

Ultimately, addressing STI prevalence among youth requires a flexible, integrated, and evidence-based approach to service delivery. Interventions must be tailored to the diverse realities of young people, accounting for social, economic, and behavioral factors that influence risk and healthcare-seeking behavior.

3.0 METHODOLOGY

3.1 Introduction

This chapter covered the procedures and strategies, that is, the methodology which was used in collecting and analyzing data. The main sections discussed in this chapter include research design, research setting, and study population, sampling method, sample size determination, data collection tool and technique, pretesting of the research instruments, ethical considerations, plans for data analysis and plan for data dissemination.

3.2 Research Design

The study used was a descriptive cross-sectional design. This is in a bid to leverage the benefits of both the descriptive design and the cross-sectional design. A descriptive survey design is a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way. A cross-sectional design involves a process of data collection from a specific sample at a single moment in time. Furthermore, it gives the researcher the opportunity to recognize problems and draw conclusions in relation to current practice (Polit & Beck, 2018).

3.3 Research Setting

The study was conducted in Kanyama first level hospital of Lusaka District. Kanyama first level hospital is based in Kanyama Compound of Lusaka District which is in the Lusaka province of Zambia. This hospital was chosen because, it covers a large catchment area and Kanyama Compound is highly populated and the youths are the majority who are susceptible to STIs.

3.4 Study Population

The study population comprised of youths within Kanyama Compound who meet the inclusion criteria. The choice was based on the locality and activities that the youths involve themselves in.

3.4 Target Population

The target population was youths within Kanyama compound, Lusaka District, Zambia. The reason being that Kanyama compound is highly populated and is a busy compound.

3.5 Sampling

Sampling involves the selection of a number of study units from a defined study population.

3.5.1 Sampling Procedure

Simple random sampling was used to get the sample. Simple random sampling is a probability sampling method in which the required numbers of units are selected at random from the total population in such a manner that each unit has an equal chance of being selected in the sample (Basavanthappa, 2014). In this study, the purposive sampling technique was employed in drawing the sample population of the study. The participants were selected from all areas of the compound and questionnaires were administered. The study was purposively selected because of high population of young people and systematic sampling was used to select the households.

3.5.2 Sample Size Calculation

Considering that the target population size is known, and taking marginal error to be: e = 0.05, the formula n = N/ (1+ 〖Ne〗 ^2) (Slovin's Formula) can be used to determine the sample size, where n is the sample size and N is the target population size. Thus;

Where n = sample size
N= total population under study
e = the probability of the population less than 100 at 0.03 or greater than 100 at
0.05
N = Kanyama first level hospital covers approximately a total number of 200 households.
N=200⁄1+200(0.05)2
N=200/1+200(0.0025)
N=200/1+0.5
N=200/1.5
N=133
Hence the sample size is 133
The sample size for this research was 133 respondents.

3.6. Inclusion Criteria

Only youths of Kanyama who were available at the time of data collection, who were between 18 years and 35 years of age, and who signed a consent to participate were included in the study.

3.7. Exclusion Criteria

1. Youths of Kanyama who were not available during data collection
2. Youths of Kanyama who were below 18 years and above 35 years of age.
3. Youths who were mentally unstable were excluded from the study.

3.8. Data Collection Plan

A data collection plan helps to ensure that data collected during an analysis or improvement project is useful and appropriately collected. It is typically used during a current state analysis and improvement project (Gorge, M.L, 2005).

3.8.1 Data Collection Tool

In this study, a self-administered questionnaire was used to collect information. Self-administered questionnaire is the formal instrument that specifies the wording of all questions to be asked of the respondents (Polit and Beck, 2016). With the use of the questionnaire, all subjects responded to the same questions. The questionnaire only had closed ended questions.

3.8.2 Data Collection Technique

Before distributing the questionnaires to the respondents, the questionnaires were checked and tested for validity, reliability and completeness to ensure collection of proper data. In this study, questionnaires were administered by an investigator.

3.9. Data Analysis Plan

After data collection, the questionnaires were sorted out according to questions. Sorting out data was done immediately the questionnaires are collected. The data was analyzed using the statistical package for social sciences (SPSS) software version 26.0. This assisted in full understanding of the data collected and familiarization with a method that could be used anywhere. Frequency tables, cross tabulations and numerical descriptions were prepared to show the relationship of variables.

3.10 Reliability

Reliability of the tool was measured to establish consistency and its dependability. This was done by ensuring that questions are simple and easy to understand, without including ambiguous terms, but sufficient enough to elicit the desired information consistently (Basavanthappa, 2014).

3.11 Validity

The validity of the tools were measured by justifying each question in relation to the objectives of the study, by checking for uniformity and conformity in the asking and answering of questions. A simple random method was used to select the respondents so as to give each one an equal chance of participating.

3.12 Pilot Study

The reliability of the study was achieved by taking a pilot study in Matero of Lusaka District. The purpose of the pilot study was to obtain information for improving the instrument or assessing the feasibility of the study.

A pre-test on data collection tools was done with the aim of ascertaining practicability, reliability and validity of the data collection tools, appropriateness and clarity of the language used in constructing the questionnaire and the duration for each interview. The corrections were made after the pilot study. A total of 13 respondents were selected which is 10% of the sample size of 133 respondents.

3.13 Ethical and Cultural Considerations

Ethics are systems of moral values that are concerned with the degree to which research procedures adhere to the professional, legal and social obligations to the research subject. Before administering the questionnaires, permission and clearance was obtained from ERES Converge, the District Health office, Local government and participants will sign a consent form before taking part in the study to grant permission to the researcher. The questionnaires were read together with the subjects and make clarifications where necessary. The purpose and the nature of the study was explained to the participants.

The participants were informed of their rights concerning the study and that the information collected was kept confidential. The subjects were not be forced to participate in the study because participation was be by choice and a letter of consent was be given to the participants.

3.14 Plans for Dissemination of Findings

Dissemination of findings entails the measures that would be undertaken to make information known to the relevant authorities and study subjects, what the study had measured. A copy of the research report was given to the local authority and the District Health Offices in order for them to support and strengthen the fighting of the high prevalence of STIs among young men in the compound. Finally, the University was also be given a copy through the school of Nursing and Midwifery Sciences, Department of BSc Nursing.

4.0 Summary

This chapter of the study looked at the research methodology which was applied by the researcher as the researcher is of the ideas of gathering more logic information concerning the factors associated with increase of sexually transmitted infections (STIs) among youths of Kanyama First Level Hospital in the range of 18 to 35 years old.

4. RESULTS

4.0 Introduction

The purpose of the study was to assess factors contributing to the high prevalence of STIs among youths from Kanyama first level hospital, in Lusaka District. Therefore, this chapter presents findings as obtained from the field and these findings are presented in two parts. The first part covers the socio demographic characteristics of the respondents while the second part covers the main study findings.

4.1 Socio-Demographic Characteristics

This section describes the characteristics of the sample in terms of gender, level of education, and status. These findings are illustrated in Table 4.1.1.

Table 4.1.1: demographic data (n=133)

VARIABLE	FREQUENCY	PERCENTAGE
Marital Status		
Yes	58	43.6
No	75	56.4
Total	133	100
Level of Education		
Primary	33	24.8
Secondary	45	33.8
Tertiary	37	27.8
Never	18	13.5
Total	133	100
GENDER		
Male	76	57.1
female	57	42.9
TOTAL	133	100

Majority of the respondents 75(56.4%) were not married while the minority 58 (43.6%) were married.

Majority of the respondents 45(33.8%) attended up to secondary school level while the minority 18 (13.5%) never attended.

Majority of the respondents 76(57.1%) were males while the minority 57(42.9%) were females.

4.2 Prevalence of STIs

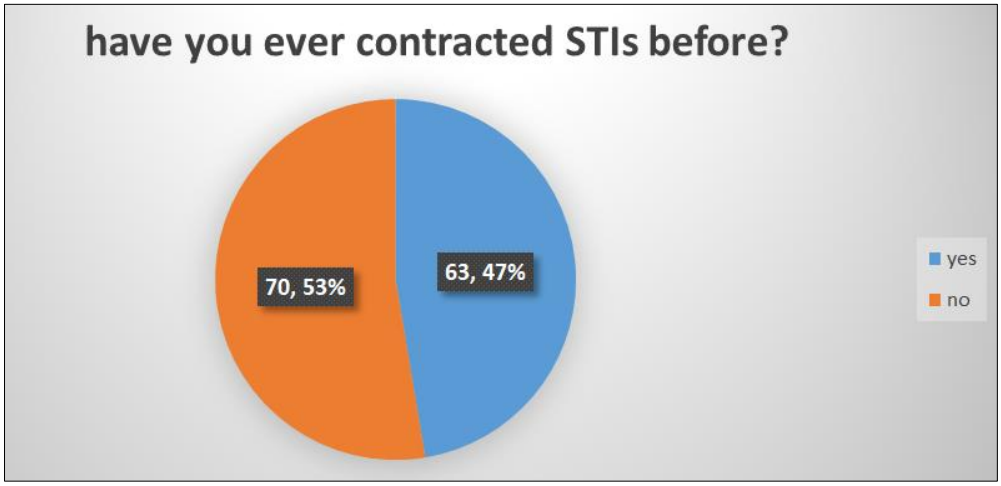


Figure 4.2: shows the majority of the respondents of which 70(52.6%) indicated that they have never contracted STIs before while the minority 63(47.4%) indicated that they have contracted STIs before.

4.3 Knowledge on STIs

Have You Ever Heard About Sexually Transmitted Infections (STIs)?

Table 4.3.1 knowledge on STIs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	103	77.4	77.4	77.4
	no	30	22.6	22.6	100.0
	Total	133	100.0	100.0	

Majority of the respondents 103 (77.4%) indicated that they have heard about sexual transmitted infections (STIs) while the minority 30(22.6%) they have never.

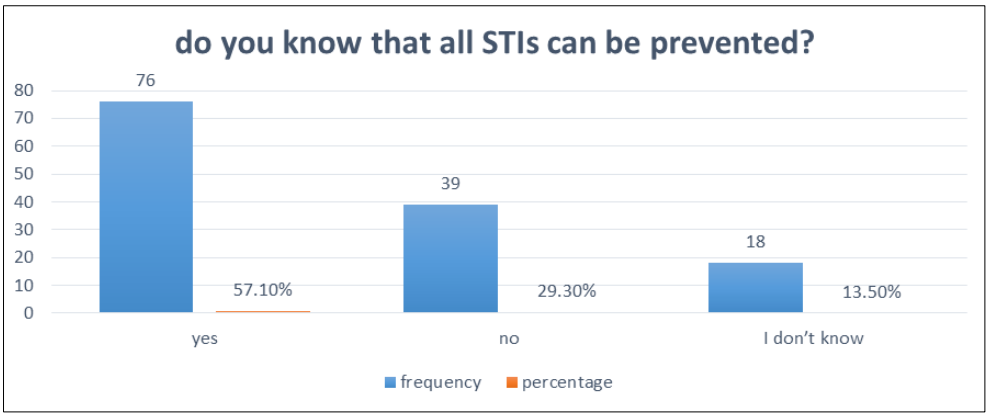


Figure 4.3.2: knowledge on STIs

Majority of the respondents 76(57.1%) indicated that they know that sexual transmitted infections (STIs) can be prevented while the minority 18(13.5%) do not know.

4.4 Sexual Behaviours Associated with STIs

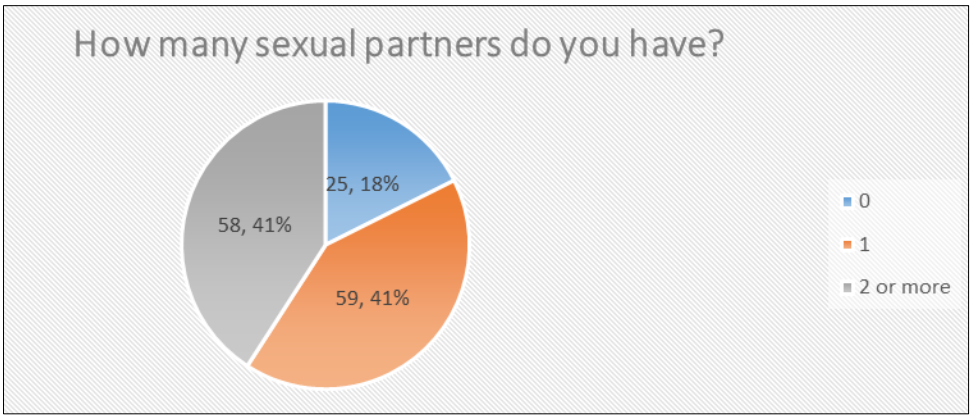


Figure 4.4.1 Sexual partners

Majority of the respondents 58(44%) indicated that they have more than 2 sexual partners while the minority 25(19%) they did not have.

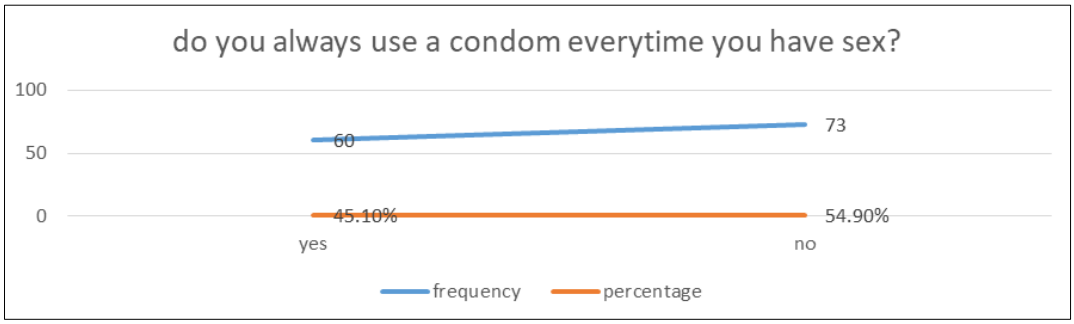


Figure 4.4.2: Condom utilization

Do You Always Use a Condom Every Time You Have sex

Table 4.4.2.0 Condom ultilisation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	60	45.1	45.1	45.1
	No	73	54.9	54.9	100.0
	Total	133	100.0	100.0	

Majority of the respondents 73(54.9%) mentioned that do not always use a condom every time they have sex while the minority 60(45.1%) said they do.

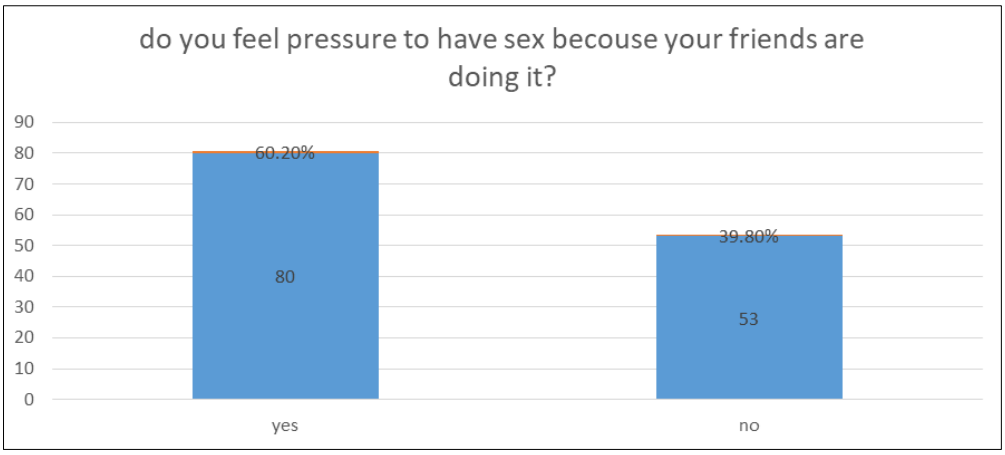


Figure 4.4.3 Peer pressure

Majority of the respondents 80(60.2%) indicated that, they feel pressurized to have sex because their friends are doing it while the minority 53(39.8%) said they do not.

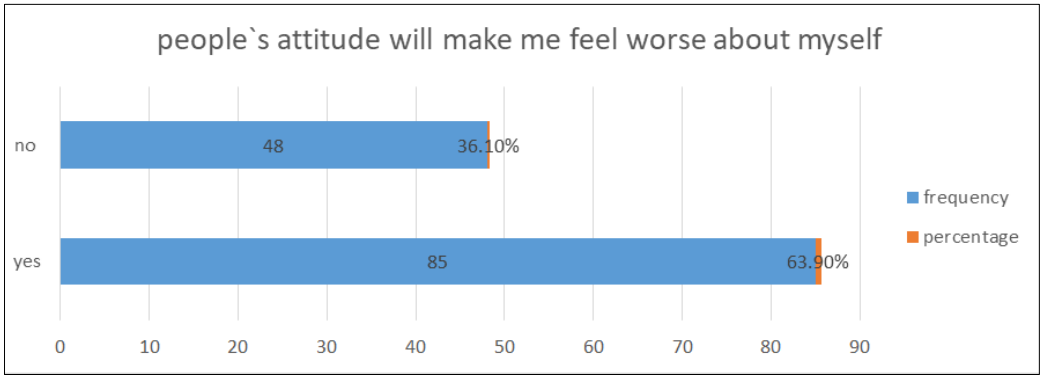


Figure 4.4.4 Stigma

Majority of the respondents 85(63.9%) indicated that, they feel stigmatized by people`s attitude towards STIs while the minority 48(36.1%) said they don't

Cross Tabulations

Table 4.5: Shows association between knowledge and high prevalence of STIs

Crosstab				
count		Have you ever heard about sexually transmitted infections (STIs)?		Total
		yes	no	
Have you ever contracted STIs before?	yes	63	0	63
	no	40	30	70
Total		103	30	133

Table 4.5.0 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	34.864[a]	1	.000		
Continuity Correction[b]	32.454	1	.000		
Likelihood Ratio	46.400	1	.000		
Fisher's Exact Test				.000	.000
N of Valid Cases[b]	133				

Statistic Decision: The Pearson chi-square with a p value (0.000) which is less than 0.5 the level of significant. Hence there is an association knowledge and high prevalence of STIs.

CONCLUSION

Therefore, knowledge is a contributing factor to high prevalence of STIs, hence the null hypothesis which stated that, there is a relationship between knowledge level of STIs and high prevalence of STIs among the youths of Kanyama first level hospital, in Lusaka District was accepted and the alternative was rejected.

Table 4.6: Shows association between sexual behaviours associated with STIs and high prevalence of STIs.

Crosstab				
Count				
		Do you always use a condom every time you have sex		Total
		Yes	No	
Have you ever contracted STIs before?	yes	60	3	63
	no	0	70	70
Total		60	73	133

Table 4.6.0 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.215E2[a]	1	.000		
Continuity Correction[b]	117.645	1	.000		
Likelihood Ratio	158.982	1	.000		
Fisher's Exact Test				.000	.000
N of Valid Cases[b]	133				

Statistic Decision: The Pearson chi-square with a p value (0.000) which is less than 0.5 the level of significant. Hence there is an association knowledge and high prevalence of STIs.

CONCLUSION

Therefore, sexual behaviors is a contributing factor to high prevalence of STIs, hence the null hypothesis which stated that, there is a relationship between sexual behaviors and high prevalence of STIs among the youths of Kanyama first level hospital, in Lusaka District was accepted and the alternative was rejected.

5. DISCUSSION

5.1 Introduction

The previous chapter provides the analysis and presentation of findings. This chapter further discusses the findings according to the literature review. The findings are cross referenced with the observations and findings of other researchers, scholars and health practitioners.

5.1 Social Demographic Factors

From the Research of the one hundred and thirty-three respondents who took part, majority of the respondents were males of which majority of them attended school up to secondary level and were not married.

5.2 Prevalence of STIs

The results showed that majority of the respondents have never contracted STIs before while the minority have contracted before.

5.3 Knowledge

The first specific object was to determine the knowledge level of STIs among youths from Kanyama first level hospital, in Lusaka District. The findings showed that majority of the respondents have heard about sexual transmitted infections (STIs) while the minority they have never. They further showed that, most of them know that sexually transmitted infections (STIs) can be prevented while the minority did not know. Hence, we have a conclusion that the youths of Kanyama first level hospital have knowledge on STIs. This is in line with the study of Khan *et al*., (2012) who conducted a study on knowledge about HIV/AIDS among women of reproductive age in a district of Northern India and his findings revealed that the majority of women in urban areas were familiar with the diseases and some 19.7% don't know. While in contrary with Lan *et al*., (2017) whose results showed that majority population based on study about three quarters of the respondents did not know any symptoms of STIs and another half did not know that STIs can be prevented. Only one third said that a condom could be used to protect against STIs that STIs can be prevented. Only one third said that a condom could be used to protect against STIs.

5.4 Sexual Behaviors Associated with STIs

The second specific object was to assess sexual behaviors associated with STIs from Kanyama first level hospital, in Lusaka District. The findings showed that majority of the respondents have two (2) or more sexual partners while the minority do not have. The results also showed that most of the respondents do not

always use a condom every time they have sex and only a minority do.

During the assessment, the findings further showed that majority of the respondents feel pressurized to have sex because their friends are doing it and most of them feel stigmatized by people`s attitude towards STIs while only a lesser representation don't. Hence a conclusion that the youths of Kanyama first level hospital practice bad sexual behaviors, that is contributing to the high prevalence of STIs in the location. This is in line with Nack (2015) whose studies claim that receiving a diagnosis of an STI and the treatment one receives during the diagnosis by the health care provider can significantly affect a patient's sense of self-esteem, particularly because of the stigma attached to an STI diagnosis.

Cross Tabulations

5.5 Association between Knowledge and High Prevalence of STIs

When knowledge was cross tabulated with high prevalence of STIs, the results show that majority of the respondent had knowledge on STIs of which only a minority did not, hence we can conclude that there is a relationship between knowledge level of STIs and high prevalence of STIs among the youths of Kanyama first level hospital, in Lusaka District.

5.6 Association between Sexual Behaviours and High Prevalence of STIs

When sexual behaviours was cross tabulated with high prevalence of STIs, the results show that majority of the respondent had bad sexual behaviors and attitude, hence we can conclude that there is a relationship between sexual behaviours and high prevalence of STIs among the youths of Kanyama first level hospital, in Lusaka District.

CONCLUSION

In conclusion, it can be pointed out that knowledge, and Sexual behaviours, can be attributed to the factors contributing to the high prevalence of STIs among youths from Kanyama first level hospital, in Lusaka District.

RECOMMENDATIONS

In relation to the obtained results, the Zambian government needs to continue working hand in hand with NGOs and other partners (such as youth friendly corners) to promote equity in accessing quality health services to all, by means of raising awareness and influencing behavioral change towards their attitude to STIs, implementing voluntary counselling and testing programs, promoting condom utilization among youths of reproductive age, introducing case finding and treatment of STDs and the provision of safe blood and blood products in all health facilities so as to help in halting the further spread of STIs among youths at Kanyama level one hospital, Lusaka district in Zambia.

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