

International Journal of Advanced Research in Science, Communication and Technology (IJARSCT)

International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal

Volume 3, Issue 1, July 2023

Knowledge and Attitude on Sexually Transmitted Infections among College Students in Selected Barangays of Echague Isabela

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Abstract: Echague is one of Isabela's most populated place in the province because it is one of the largest towns composing of 64 barangays with 6 regions, and according to the 2021 data reported by the Rural Health Unit-Echague, there are 107 total cases of adolescent deliveries which is a great concern due to lack of knowledge and attitude towards contraception and protection during sexual intercourse. In relation to sexually transmitted infections, due to lack of information and misinformation, sexually transmitted infections can be acquired or transferred during intercourse due to these certain factors. In January – December 2021 there are 165 cases of Syphilis and 274 cases of Hepatitis B mostly pregnant women regardless of agewas reported by the Rural health Unit-Echague, which is quite alarming because it shows that there are people who are still not knowledgeable enough concerning sexually transmitted infections. This study aimed to know and be aware with the knowledge and attitudes of the college students of Echague, Isabela particularly the riverside region towards sexually transmitted infections. Data were collected from 104 college students in Riverside Region, Echague, Isabela. Results showed in knowledge that majority of the respondents knew about other sexually transmitted infections other than HIV as well as the transmission, causes, kinds, signs and symptoms and complications. Majority of the respondents also knew the Infections through different sources and most of the respondents knew no one who has an STI. Results showed in attitudes that the respondents believed that contraceptive pills is a method to avoid STIs, little did they know that contraceptive methods are only ways to prevent unwanted pregnancy. The rest of the result showed majority on the about their concerns in getting an HIV when having sexual intercourse, their worries in acquiring those diseases, condom use, education to boost knowledge regarding STI's, seeking professional medical consultation if they are unsure whether they acquire the disease or not, treatment, and the danger it can bring. The result showed in the relationship between knowledge and demographic profile has significant relation in terms of what respondents think are the possible causes of STI's, and the rest shows no significant relationship. In relationship between the respondent's demographic profile and attitude, the result shows significant relationship in terms of avoiding a person with STI, people who are infected with STI should get treatment, and the use of contraceptive pills in avoiding STI. The rest of the result showed no significant relationship.

Keywords: Sexually transmitted infections, riverside region, knowledge, attitudes, Echague, Isabela

I. INTRODUCTION

In the Philippines, the prevalence rate of Human Papilloma Virus cervical cancer in squamous cell carcinoma is 93.8% and 90.9% in adenocarcinoma. (Domingo and Dy Echo, 2009). In August 2021, there are 878 confirmed cases of Human Immunodeficiency Virus adding to the total number of 90, 031 cases since January 1984. A number of 427 of the 878 cases were 25-34 years old, 291 of the 878 cases were 15-24 years old, and 138 of 878 cases were 35-49 years old, 18 of the 878 cases were 50 years old and above, 4 of the 878 cases were less than 15 years old. (Department of Health, 2021). In addition, UNAIDS/WHO (2004) reported a 27%-36% prevalence rate of chlamydial infection. (Saison et. al, 2007). In 2011, the PDS or Philippine Dermatological Society have treated 977 cases of herpes and 665 cases of syphilis. (Vista, 2018). Lastly, the prevalence rate of genital warts is 4.78%. (Bueneonsejo et. al, 2019)The DOI: 10.48175/IJARSCT-12043 Copyright to IJARSCT 282 ISSN www.ijarsct.co.in





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Volume 3, Issue 1, July 2023

Echague Isabela Rural Health Unit reports that 6 cases of hepatitis B were reported there in 2020; this number rose to 11 in 2021; however, only 2 cases were reported there in 2022.

This research study was based on the 2013 study of Linn Svensson where he found out that the results showed a less STDs knowledge among Thai students which accord with the findings of other authors on the same topic. The authors believe that the questionnaire was not affected by cultural differences regarding Sweden and Thailand, and both Swedes and Thai could relate to the questions that were being asked. Although the authors do believe that it was unclear regarding some of the questions whether or not they were placed in the correct category. Therefore, question number 17 and 18 from part 3 "attitude" were regarded as knowledge questions instead and therefore included in the sum of knowledge. Forty-eight students (32%) chose the alternative "Others" on question number 10 regarding if anyone had told the students that they have/have had an STD, which could be explained by the question not having "No" as an alternative. Some students even wrote, "No one has told me that" next to the question, despite there not being an alternative saying "Other, please specify". (Svensson, 2013)

1.1 Purpose

- The goal of this study was to determine the extent of knowledge of the college students of Echague, Isabela towards Sexually Transmitted Infections.
- To assess the attitude of the college students of Echague, Isabela towards Sexually Transmitted Infections.
- To determine the significant relationship between the knowledge and attitude of students towards Sexually Transmitted Infections and their demographic profile

II. METHODS

This research study a Descriptive Correlational research. The researchers used Purposive Sampling procedure in selecting the participants. The researchers identified the barangay with the highest incidence of teenage pregnancy. A total of 104 respondents were included in the sample. A survey questionnaire adapted from the works of Dr. Pranee Lundberg was administered to the selected respondents. The researchers utilized Statistical Package for Social Sciences (SPSS). Descriptive Statiscal Analysis was used in this study to organize, interpret and communicate the gather data using the following statistical tools: The frequency and percentage that are used in categorizing the respondent's profile; and Chi Square test that used for non parametric test of statistical significance which is the instant data in the form of frequency counts. It differentiates the frequencies in the study with expected frequencies to identify whether there is a significant relationship. This determined the significant relationship between the knowledge and attitude of the respondent's demographic profile.

III. RESULTS AND DISCUSSION

Respondents Profile Table 1: Frequency distribution of respondents' profile based on age

Age	Frequency	Percent
19.00	3	2.9
20.00	38	36.5
21.00	54	51.9
22.00	5	4.8
23.00	4	3.8
Total	104	100.0

Table 1 showed that most of the respondents are 21, with the frequency of 54 or 51.9 percent, and the age of respondents with the fewest numbers is 19, with the frequency of 3 or 2.9 percent.

DOI: 10.48175/IJARSCT-12043





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IJARSCT

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	Frequency	Percent
Female	72	69.2
Male	32	30.8
Total	104	100.0

Table 2: Frequency distribution of respondents' profile based on gender

Table 2 As gleaned from the data above, women make up the majority of responders, 72 in total, or 69.2 percent. In contrast, 32, or 30.8 percent, are men.

rable 5 Frequency	uistribution of res	spondents prome	based on year leve
	Frequency	Percent	Rank
1st Year	8	7.7	3
2nd Year	11	10.6	2
3rd Year	78	75.0	1
4th Year	7	6.7	4
Total	104	100.0	

Table 3 Frequency distribution of respondents' profile based on year level

Table 3 showed that majority of the respondents are 3^{rd} year which comprises a frequency of 78 or 75 percent. Whereas the year level of respondents with the fewest numbers is 4^{th} year with the frequency of 7 or 6.7 percent.

rubie in requency distribution of respondents	prome sused of	n course
	Frequency	Percent
Bachelor of Science in Agriculture	3	2.9
Bachelor of Science in Biology	3	2.9
Bachelor of Science in Business Administration and	23	22.1
Accountancy		
Bachelor of Science in Criminology	15	14.4
Bachelor of Science in Education	10	9.6
Bachelor of Science in Engineering	25	24.0
Bachelor of Science in Fisheries	4	3.8
Bachelor of Science in Information Technology	8	7.7
Bachelor of Science in Social Work	3	2.9
Bachelor of Science in Tourism	10	9.6
Total	104	100.0

Table 4: Frequency distribution of respondents' profile based on Course

The table 4 revealed that most of the respondents (25 or 24 percent) are engineering students. Whereas the course of respondents with the fewest numbers are agriculture, biology and social work students with a frequency of 3 or 2.9 percent.

	Frequency	Percent
In a Relationship	25	24.0
Single	79	76.0
Total	104	100.0

Table 5: Frequency distribution of respondents' profile based on civil status:

The data above showed that majority of the respondents are single with the frequency of 79 or 76 percent. Whereas 25 or 24 percent are in a relationship.

Table 6: Frequency distribution of respondents' profile based on residency

	Frequency	Percent
Boarding House	31	29.8
Living alone	3	2.9
Parent's House	70	67.3
Total	104	100.0

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The table 6 above showed that most of the respondents (70 or 67.3 percent) are still living in their parent's house. Whereas the residency of the respondents with the fewest numbers are living alone with the frequency of 3 or 2.9 percent.

Table 7: Frequency distribution of respondents' profile based on sexual preferences to be in relationship

	Frequency	Percent
Both	2	1.9
Both men and women	1	1.0
Men	60	57.7
no specific gender	1	1.0
Women	40	38.5
Total	104	100.0

The table 7 above showed that most of the respondents (60 or 57.7 percent) are interested in men and the sexual preference of the respondents with the fewest numbers are "both men and women" and "specific gender" with a frequency of 1 or 1 percent.

Knowledge of the respondents towards Sexually Transmitted Infections

Table 8: Knowledge of the respondents towards Sexually Transmitted Infections

	U					
	I don't know		oN		Yes	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
8.1. Have you heard about infections or Infections other than HIV that one can get through sex?	2	1.9	13	12.5	89	85.6
8.2. Do you think it is possible for a man to have a sexual transmitted infection other than HIV without having symptoms?	18	17.3	11	1.6	75	72.1
8.3. Do you think it is possible for a woman to have a sexual transmitted infection other than HIV without having symptoms?	18	17.3	11	10.6	75	72.1

Table 8.1 showed that majority of the respondents with the frequency of 89 or 85.6% said that they were aware of the possibility of contracting illnesses and infections other than HIV through intercourse. Whereas 2 (1.9%) of them didn't know the other Infections that can also get through sex other than HIV. Bretas et. Al stated that during this time, sexuality gets more intense. On the other hand, it is mainly visible through unprotected sexual activity. Due to a lack of information and communication, some people engage in unethical practices. Because of various beliefs or taboos, or a fear of assuming one's own sexuality, between family members. Consequently, the desire for and curiosity in new experiences, as well as lack of advice on the changes that adolescents are undergoing exposes kids to potentially dangerous circumstances, including Acquired Immunodeficiency Syndrome (AIDS) is one of the most common sexually transmitted infections (STIs). (Almeida et. al, 2017).

Table 8.2 showed that majority of the respondents with the frequency of 75 (72.1) answered "yes" that it is possible for a man to have a Sexually transmitted infection other than HIV without having symptoms. Fewest number (11 or 10.6%) of respondents answered no.

Table 8.3 showed that majority of the respondents with a frequency of 75 (71.1%) answered "yes" that it is possible for a woman to have a sexually transmitted infection other than HIV without having symptoms. Fewest number (11 or 10.6%) of respondents answered no. According to a health research, many Sexually Transmitted Infections are

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asymptomatic that's why seeking a professional medical advice is a must. A birth control method is effective against pregnancy but not Sexually Transmitted Infections. (Centers for Disease Control and Prevention, 2019)

 Table 9: Knowledge of the respondents towards Sexually Transmitted Infections

Please tell us what You think are possible "causes" of sexually		
transmitted infections (You can mark more than one alternative)	Frequency	Percent
Bacteria	70	21.0
Bad hygiene of men	39	11.7
Bad hygiene of women	39	11.7
Blood transfusion	57	17.1
Fungus	20	6.0
Having sex soon after giving birth	10	3.0
I don't know	8	2.4
Infected swimming pool water	8	2.4
Sex during menstruation	20	6.0
Using unclean water	9	2.7
Virus	54	16.2
Total	334	100.0

Table 9 showed frequency and percentage of respondents' knowledge on the different causes of STI's. It shows that majority of the respondents answered the most possible cause of Sexually Transmitted Infections is bacteria with a frequency of 70 (20.1%) and the least possible causes are infected swimming pool and I don't know with a frequency of 8 (2.4%). The main causes of these Infections are bacteria, viruses, and parasites. (World Health Organization, 2021). Virus and bacteria are the only causes of these diseases.

Table 10: Knowledge of the respondents towards Sexually Transmitted Infections

Please choose which Infections are Sexually Transmitted		
Infections (You can mark more than one alternative)	Frequency	Percent
Chlamydia	41	13.5
Don't Know	1	.3
Gonorrhea	38	12.5
Hepatitis B	24	7.9
Hepatitis C	14	4.6
Herpes	36	11.9
HIV/AIDS	97	32.0
Syphilis	43	14.2
Tuberculosis	9	3.0
Total	303	100.0

Table 10 showed frequency and percentage of respondents' knowledge on the different types of STI's. The data above shows that the majority of the respondents chose HIV/AIDS with a frequency of 97 and a percentage of 32.0, The fewest number of respondents (1 or. 3%) chose I don't know. There are different types of STI and these are bacterial vaginosis, chlamydia, gonorrhea, hepatitis b, herpes, HIV/AIDS, human papillomavirus, cancroid, scabies, trichomonas's, syphilis, and more. (Center for Disease Control and Prevention, 2021). Chlamydia, Gonorrhea, Hepatitis B, Herpes, HIV/AIDS and Syphilis are the known STI's

Table 11: Knowledge of the respondents towards Sexually Transmitted Infections

What are routes of Sexually Transmitted Infections?		
(You can mark more than one alternative)	Frequency	Percent
Blood Transfusion	62	22.8
Mother to child	49	18.0
Sexual Intercourse	98	36.0

DOI: 10.48175/IJARSCT-12043





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Sharing Food	10	3.7
Sharing needles	46	16.9
Sharing of clothes/things	7	2.6
Total	272	100.0

Table 11 showed frequency and percentage of respondents' knowledge on the different routes of STI's. The data above shows that majority of the respondents answered the most common routes of having Sexually Transmitted Infections is through sexual intercourse with a frequency of 98 (36.0%). The fewest number of respondents (7 or. 2.56%) chose sharing clothes/things. These Infections can be spread through sexual intercourse which includes oral, vaginal, and anal. It can also be passed down through the infected mother-to-child during pregnancy as well as breastfeeding. (World Health Organization, 2021) Blood transfusion and sharing needles are obviously given. Sharing of food is not necessarily the answer.

Table 12: Knowledge of the respondents towards Sexually Transmitted Infections

What are signs and symptoms of sexually transmitted infections?	Frequency	Percent
Abdominal Pain	26	5.8
Blood in urine	31	7.0
Burning pain or urination	36	8.1
Discharge from penis/vulva	44	9.9
Failure to urinate	36	8.1
Genital Ulcers or open sores	31	7.0
I don't know	19	4.3
Itching in Genital Area	61	13.7
Loss of weight	24	5.4
Pain during intercourse	55	12.3
swelling in Genital Area	46	10.3
Weakness	37	8.3
Total	446	100.0

Table 12 shows frequency and percentage of respondents' knowledge on the different signs and symptoms of STI's. The data above shows that most of the respondents answered that itching in the genital area is the number one sign and symptom of sexually transmitted infection with a frequency of 61 or 13.7%. The fewest number of respondents (19 or. 4.3%) answered I don't know. Common signs and symptoms are urethral discharge, abdominal pain, genital ulcers, vaginal discharge and burning sensation. (World Health Organization, 2021).

Table 13: Knowledge of the respondents towards Sexually Transmitted Infections						
What are complications of STI's if untreated? (You can mark						
more than one alternative)	Frequency	Percent				
Arthritis inflammatory disease	1	.4				
Cervix Cancer	54	19.0				
Ectopic	36	12.7				
I don't know	2	.7				
Infertility	55	19.4				
Miscarriage	35	12.3				
Pre-Mature Birth	41	14.4				

F 11 10 17

Table 13 showed frequency and percentage of respondents' knowledge on the different complications of STI's if untreated. The data above shows a frequency of 55 (19.4%) that infertility is the most common complications of Sexually Transmitted Infections. The fewest number of respondents (2 or.7%) answered "I don't know". Complications

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Pregnancy Still Birth

Total

DOI: 10.48175/IJARSCT-12043



13.0

100.0

8.1

37

23

284



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are: still birth, low-birth weight, neonatal death, neonatal conjunctivitis, prematurity, congenital deformities, pneumonia, pelvic inflammatory disease, infertility, liver cirrhosis, and more. (World Health Organization, 2021)

Table 14: Knowledge of the respondents towards Sexually Transmitted Infections

From where have you received information on Sexually Transmitted		
Infections? (You can mark more than one alternative)	Frequency	Percent
Family	17	4.9
Friends	38	11.0
Hospital/Clinic	42	12.1
Internet	84	24.2
LGU	1	.3
Magazine	13	3.7
Radio	17	4.9
School/College	83	23.9
Symposiums	1	.3
Television	51	14.7
Total	347	100.0

Table 14 showed frequency and percentage of respondents' knowledge on their sources of information about STI's. The data revealed that most of the respondents answered that internet is their source of information on Sexually Transmitted Infections with a frequency of 84 (24.2%) The least common source of information is from LGU and symposium with a frequency of 1 (.3%). All of these are sources of information regarding Sexually Transmitted Infections, but it is hard to avoid misinformation and the ability to understand these diseases. We cannot also hide the fact that we sometimes cannot control the urge or sexual desires of young people or adolescents. For it is sometimes true that when teenagers explore themselves as well as their environment, one factor that influences them to do so is their peers and the social media. Therefore, sometimes the urge to involve in premarital sex is highly due to peer pressure and social media influences. These will lead to Sexually Transmitted Infections and pregnancy termination (Pasay-an et. al, 2020)

Table 15: Knowledge of the respondents towards Sexuall	y Transmitted Infections
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Have any of the following people told you that they have/have had a sexually		
transmitted disease other that HIV? (You can mark more than one alternative)	Frequency	Percent
Brother/Sister	2	1.8
Friends	46	40.4
None	52	45.6
Other family member	8	7.0
Parent	2	1.8
Sexual Partner/Lover	1	.9
Spouse/live-in-partner	3	2.6
Total	114	100.0

Table 15 showed frequency and percentage of respondents' knowledge on people they know who have/had STI's other than HIV. The data revealed that most of the respondents answered they do not encounter people with HIV or STIs with a frequency of 52 (45.6%). The fewest number of respondents (1 or .9%) answered that their sexual partner or lover told them that they have/had sexually transmitted disease other than HIV. These indicators aside from none are risk factor in transmitting Sexually Transmitted Infections without proper action implemented upon them. These indicators aside from none are risk factor in transmitting Sexually Transmitted Infections without proper action implemented upon them them





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Table 10: Attitude of the respondents toward		v				1 / T
	Agree		Disagree		I do	on't know
	Frequency	Percent	Frequency	Percent	Frequency	Percent
16.1. Sexually Transmitted Infections are not dangerous because they can be cured	15	14.4	76	73.1	13	12.5
16.2. It is necessary to avoid a person who has contracted a sexually transmitted infection because they can transmit it to other people	52	50.0	43	41.3	9	8.7
16.3. People who are infected with an STI must get treatment	95	91.3	3	2.9	6	5.8
16.4. If a person believes that he or she had gotten a sexually transmitted infection and is unsure about the symptoms he/she should directly contact health personnel	94	90.4	3	2.9	7	6.7
16.5. Young people should get information/knowledge about STI's in order to prevent these diseases	100	96.2	1	1.0	3	2.9
16.6. Young people should be educated on knowledge of STI's at school to prevent these diseases	100	96.2	0	0	4	3.8
16.7. A person who does not want to become infected with a sexually transmitted infection should use condom when having sexual intercourse.	82	78.8	9	8.7	13	12.5
16.8. A person who does not want to become infected with a sexually transmitted infection should use emergency contraception pills.	45	43.3	41	39.4	18	17.3

Table 16: Attitude of the respondents towards Sexually Transmitted Infections

Table 16.1 showed the frequency and percentage of the respondents' attitude in Sexually Transmitted Infections in terms of being dangerous. Data revealed that 76 (73.1%) of the respondent disagree that sexually transmitted is not dangerous. As evidence to this matter, it is truly revealed that knowledge of sexually transmitted infections (STIs) and their complications, as well as young people's attitudes toward sexual health, are crucial in developing prevention and treatment measures, Upchurch (2004) stated. Although most individuals are aware of HIV/AIDS as a result of media and government efforts, understanding of other sexually transmitted infections (STIs) is poor in underdeveloped nations, Anwar (2010) stated. (Subbarao and Akhilesh 2017)

Table 16.2 showed the frequency and percentage of the respondent's attitude in sexually transmitted disease in terms to transmission. Majority 52 (50%) of the respondents agreed that it is necessary to avoid a person contracted a sexually transmitted infection. Therefore, it is considered important for societies that its individuals are well-informed about sex, sexual practices, child sexual abuse and Sexually Transmitted Infections. (Agustin et. al, 2017) because if we look at the frequency who disagreed (43), there is still a high number of people who thinks that a person who has a Sexually Transmitted Infections should not be avoided. In short, there is a very close difference between those people who agreed and disagreed.

Table 16.3 showed the frequency and percentage of the respondents' attitude in Sexually Transmitted Infections in terms of necessity to be treated. Majority 95 (91.3%) of respondents agreed that persons with STI must get treatment. As a result, if STIs are not treated properly, they can cause infertility, urethral stricture, abortions, malignancies, perinatal, and neonatal morbidities, among other things, WHO (2015) and De Waure (2015) claimed. (Subbarao and Akhilesh 2017)

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Table 16.4 showed frequency and percentage of the respondent's attitude in Sexually Transmitted Infections in terms of contacting a medical personnel if the person with STI is not sure if he/she has STI. Majority (90.4%) of the respondents agreed that persons who are unsure if they have STI or not must contact health care personnel. According to a health research, many Sexually Transmitted Infections are asymptomatic that's why seeking a professional medical advice is a must. (Centers for Disease Control and Prevention, 2019).

Table 16.5 showed frequency and percentage of respondents' attitude in terms of having knowledge about STI in able to prevent it. Majority (100 or 96.2%) of the respondents agreed that young people need to have knowledge about STI in able to prevent it. Sex education, on the other side, influences students' views toward supporting safer sexual practices. (Agustin et. al, 2017)

Table 16.6 showed frequency and percentage of respondents' attitude in terms of being educated on knowledge of STI's at school to prevent these diseases. Most (100 or 96.2%) of the total respondents agreed that young people should be educated on knowledge of STI's at school to prevent these Infections and 4 (3.8%) of the total respondents answered I don't' know. Even though it has been found that knowledge and awareness have a limited impact on modifying attitudes and behaviors, they are critical components of sex education in promoting informed and healthy choices. (Samkange-Zeeb, 2011)

Table 16.7 showed frequency and percentage of respondents' attitude in terms of using a condom when having sexual intercourse in order not to be infected with STI's. Majority (82 or 78.9%) of the total population agreed that if a person who doesn't want to become infected with sexually transmitted infection should use condom when having sexual intercourse. Whereas 9 (8.7%) disagreed with the idea and 13 (12.5) of the population answered "I don't know". Premarital sex without protection or condom use will lead to pregnancy complications, Sexually Transmitted Infections, complications due to pregnancy termination, death or physical and mental effect on the mother, and other consequences. (Pasay-an, et. al, 2020) The risk of HIV and STI transmission can be significantly decreased, but not completely eliminated, by using a latex male or female condom. The only way to totally prevent the spread of HIV or STI's through sexual contact is abstinence (Healthy, 2014).

Table 16.8 showed frequency and percentage of respondents' attitude in terms of taking emergency contraception pills when having sexual intercourse in order not to be infected with STI's. Majority (45 or 43.3%) of the total population agreed that if a person who doesn't want to become infected with sexually transmitted infection should use emergency contraception pills. Whereas 41 (39.4%) disagreed with the idea and 18 (17.3%) answered "I don't know". A birth control method is effective against pregnancy but not Sexually Transmitted Infections. (Centers for Disease Control and Prevention, 2019)

Tuble 17. Attitude of the respondence towards Sexuary Transmitted infections						
How worried are you that you might catch a sexually	Frequency	Percent				
transmitted infection?						
I don't know	17	16.3				
Not worried at all	29	27.9				
Worried a little	24	23.1				
Worried a lot	34	32.7				
Total	104	100.0				

Table 17 showed frequency and percentage of respondents' attitude in terms being worried about catching STI's. Majority (34 or 32.7%) of the total population are worried a lot that they might catch sexually transmitted infection. The fewest number of respondents (17 or 16.3%) answered "I don't know". According to a health research, many Sexually Transmitted Infections are asymptomatic that's why seeking a professional medical advice is a must. (Centers for Disease Control and Prevention, 2019).

 Table 18: Attitude of the respondents towards Sexually Transmitted Infections

1	J	
When having unprotected sexual intercourse,	Frequency	Percent
what are you most concerned about?		
Becoming pregnant	36	34.0
Getting another sexually transmitted infection	19	17.9

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Getting HIV	40	37.7
getting STIs	1	.9
I don't' know	10	9.4
Total	106	100.0

Table 18 showed frequency and percentage of respondents' attitude on their most concerned when having unprotected sexual intercourse. Majority (40 or 37.7%) are most concerned on getting HIV when having unprotected sexual intercourse. The fewest number of respondents (1 or .9%) answered that they are most concerned about getting STI's. As evidence on this matter, teenage pregnancy may lead young people to health problem outcomes because of lack of information and knowledge. One of these examples are, premarital sex without protection or condom use will lead to pregnancy complications, Sexually Transmitted Infections, complications due to pregnancy termination, death or physical and mental effect on the mother, and other consequences. (Pasay-an, et. al, 2020). HIV and other Sexually Transmitted Infections sometimes comes with teenage pregnancy or vice versa.

PEARSON CHI SQUARE TEST

Table 19: PEARSON CHI SQUARE TEST

	Dear		e 19: PEAK		-		Nef	
	Pearson Chi-Square			Likelihood Ratio			N of	
						Valid		
			r		n		Cases	
	Value	df	Asymptotic Significance (2- sided)	Value	df	Asymptotic Significance (2- sided)	Value	
19.1. Have youheardaboutinfectionsorInfections other thanHIV that one can getthrough sex?	3.200 ^ª	8	.921	4.198	8	.839	104	a. 12 cells (80.0%) have expected count less than 5. The minimum expected count is .06.
19.2. Please tell us what You think are possible "causes" of sexually transmitted infections	229.485ª	184	.013	125.074	184	1.000	104	a. 235 cells (100.0%) have expected count less than 5. The minimum expected count is .03.
19.3 . Please choose which Infections are Sexually Transmitted Infections	162.885ª	140	.090	97.404	140	.998	104	a. 177 cells (98.3%) have expected count less than 5. The minimum expected count is .03.
19.4 . What are routes of Sexually Transmitted Infections?	75.608 ^a	80	.618	63.247	80	.916	104	a. 99 cells (94.3%) have expected count less than 5. The minimum expected count is .03.

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19.5. What are signs and symptoms of sexually transmitted infections?	220.271 ^a	272	.991	150.479	272	1.000	104	a. 343 cells (99.4%) have expected count less than 5. The minimum expected count is .03.
19.6. Do you think it is possible for a man to have a sexual transmitted infection other than HIV without having symptoms?	11.566 ^a	8	.172	14.167	8	.078	104	a. 10 cells (66.7%) have expected count less than 5. The minimum expected count is .32.
19.7 . Do you think it is possible for a woman to have a sexual transmitted infection other than HIV without having symptoms?	8.923ª	8	.349	10.183	8	.252	104	a. 10 cells (66.7%) have expected count less than 5. The minimum expected count is .32.
19.8. What are complications of STI's if untreated?	116.485 ^a	136	.886	85.388	136	1.000	104	a. 171 cells (97.7%) have expected count less than 5. The minimum expected count is .03.
19.9 . From where have you received information on Sexually Transmitted Infections?	177.974ª	172	.362	117.310	172	1.000	104	a. 220 cells (100.0%) have expected count less than 5. The minimum expected count is .03.
19.10 . Have any of the following people told you that they have/have had a sexually transmitted disease other that HIV?	65.608 ^a	68	.560	48.594	68	.964	104	a. 86 cells (95.6%) have expected count less than 5. The minimum expected count is .03.

Only table 19.2 demonstrated a substantial correlation between respondents' demographic profile and their knowledge toward sexually transmitted illnesses; the other tables do not demonstrate such a correlation.

Pearson Chi-Square	Likelihood Ratio	N of Valid Cases	
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Table 20: PEARSON CHI SQUARE TEST

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	Value	df	Asymptotic Significance (2- sided)	Value	df	Asymptotic Significance (2- sided)	Value		
20.1. Sexually Transmitted Infections are not dangerous because they can be cured.	14.150 ^a	8	.078	12.265	8	.140	104	a. 10 cells (66.7%) have expected count less than 5. The minimum expected count is .38.	
20.2.It is necessary to avoid a person who has contracted a sexually transmitted infection because they can transmit it to other people	17.688ª	8	.024	18.759	8	.016	104	a. 11 cells (73.3%) have expected count less than 5. The minimum expected count is .26.	
20.3.People who are infected with an STI must get treatment	16.402 ^ª	8	.037	12.179	8	.143	104	a. 13 cells (86.7%) have expected count less than 5. The minimum expected count is .09.	
20.4. If a person believes that he or she had gotten a sexually transmitted infection and is unsure about the symptoms he/she should directly contact health personal	7.273ª	8	.508	5.922	8	.656	104	a. 13 cells (86.7%) have expected count less than 5. The minimum expected count is .09.	
20.5.Youngpeopleshouldgetinformation/knowledgeabout STI's in order toprevent these diseases	6.566 ^a	8	.584	4.274	8	.832	104	a. 13 cells (86.7%) have expected count less than 5. The minimum expected count is .03	
20.6. Young people should be educated on knowledge of STI's at school to prevent these diseases	3.963ª	4	.411	2.548	4	.636	104	a. 8 cells (80.0%) have expected count less than 5. The minimum expected count is .12.	
20.7. A person who does not want to become infected with a sexually transmitted infection should use condom when having sexual intercourse.	14.269 ^a	8	.075	10.827	8	.212	104	a. 12 cells (80.0%) have expected count less than 5. The minimum expected count is .26.	

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20.8.A person who does not want to become infected with a sexually transmitted infection should use emergency contraception pills.	22.567 ^a	8	.004	19.395	8	.013	104	a. 9 cells (60.0%) have expected count less than 5. The minimum expected count is .52
20.9. How worried are you that you might catch a sexually transmitted infection?	10.886ª	12	.539	14.586	12	.265	104	a. 12 cells (60.0%) have expected count less than 5. The minimum expected count is .49.
20.10. When having unprotected sexual intercourse, what are you most concerned about?	44.987 ^a	56	.854	37.236	56	.975	104	a. 69 cells (92.0%) have expected count less than 5. The minimum expected count is .03.

Only tables 20.2, 20.3 and 20.8 demonstrated a substantial correlation between respondents' demographic profile and their attitude toward sexually transmitted illnesses; the other tables do not demonstrate such a correlation.

IV. CONCLUSION

This study showed the knowledge and attitude on sexually transmitted diseases among college students of Echague, Isabela.

Most of the respondents are at the age of 21, female and a 3rd year students. Majority of the respondents are engineering students and are single. Most of the Respondents are still living in their parent's house and they are all interested in men.

This study found out that the respondents are aware of other infections/diseases aside from HIV that can get through sex. They are also aware on the possible causes but some also think that it because of bad hygiene of men and women. The respondents are also aware on the different types of STD's and the routes on getting the disease. In the subject of signs and symptoms of STD, the respondents are mindful but some really don't know about it. They are also aware that it is possible for a men and women to have sexually transmitted diseases other than HIV without having symptoms. In addition, the respondents are also knowledgeable on the possible complications if it is left untreated. Most of the respondents often get information through the internet, school/college, television and hospital. The respondents do not encountered people with STD but somehow, a friend told them.

In line with the attitude of students on Sexually Transmitted Diseases, the respondents disagreed that Sexually transmitted diseases is dangerous because it can be cured. The respondents also know that it is necessary to avoid a person who has contracted a Sexually transmitted infection because they can transmit it to other people but some of the respondents disagree. Majority of the respondents are aware that people who are infected with a Sexually Transmitted Diseases must get treatment and should directly contact some health care personnel if they are unsure about the symptoms. In addition, they also agreed and concerned that young people must know information about STD's and be educated on knowledge on STDs at school to prevent these diseases. The respondents are also aware that a person who does not want to become infected with a Sexually transmitted infection should use condom when having sexual intercourse and by using emergency contraception pill but some of the respondents disagree and didn't know about it at all. In addition, most of the respondents worried a lot that they might catch a Sexually transmitted infection but others are not worried at all, worried a little and others didn't know. When having unprotected sexual intercourse most concerned of the respondents is Getting HIV, others are becoming pregnant and getting another Sexually transmitted infection but few of the respondents didn't know.

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Only table 19.2 demonstrated a substantial correlation between respondents' demographic profile and their knowledge toward sexually transmitted illnesses; the other tables do not demonstrate such a correlation and only tables 20.2, 20.3 and 20.8 demonstrates a substantial correlation between respondents' demographic profile and their attitude toward sexually transmitted illnesses; the other tables do not demonstrate such a correlation.

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