

## KNOWLEDGE AND PERCEPTION OF SEXUALLY-TRANSMITTED DISEASES OF SCIENCE AND NON-SCIENCE UNDERGRADUATE STUDENTS IN A PUBLIC UNIVERSITY IN MALAYSIA



By

TANYA LAM SZEE EE

Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Master of Science

May 2021

FPSK(m) 2022 29

All material contained within the thesis, including without limitation text, logos, icons, photographs and all other artwork is copyrighted material of Universiti Putra Malaysia unless otherwise stated. Use may be made of any material contained within the thesis for non-commercial purposes from the copyright holder. Commercial use of material may only be made with the express, prior, written permission of Universiti Putra Malaysia.

Copyright © Universiti Putra Malaysia

G



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

## KNOWLEDGE AND PERCEPTION OF SEXUALLY-TRANSMITTED DISEASES OF SCIENCE AND NON-SCIENCE UNDERGRADUATE STUDENTS IN A PUBLIC UNIVERSITY IN MALAYSIA

By

#### TANYA LAM SZEE EE

May 2021

### Chairman : Huda binti Zainuddin, MD Faculty : Medicine and Health Sciences

Sexually Transmitted Diseases (STDs) are among the significant public health challenge that can lead to serious complications if left untreated. STDs are most common in persons aged 25 and younger, regardless of male or female gender, which is also the adolescent group or undergraduate students age range in this study. STDs exacerbate the problems in health sector because directly associated with individual behavior and social issue. Knowledge of STDs is crucial for adolescent to practice appropriate behaviors that can prevent them from contracting STDs. However, a knowledgeable adolescent may not guarantee that they will have the right perception towards the prevention of STDs, such as proper way to use condom consistently will be followed. Some adolescent even think that sexually transmitted diseases are not dangerous because they can be cured. That is the reason why this study were carried in order to assess the knowledge and perception regarding to STDs among undergraduate students.

The objective of this study was to determine the level of knowledge and perception on sexually transmitted diseases among science and non-science undergraduate students in Universiti Putra Malaysia.

This cross-sectional study was carried out at Faculty of Modern Languages and Communication, Universiti Putra Malaysia and Faculty of Medicine and Health Sciences, Universiti Putra Malaysia. Purposive sampling with probability proportionate to size was employed in this study to select 2 faculties out of 16 faculties from Universiti Putra Malaysia. The sample size was 120 and simple random sampling technique was conducted to select the participants. Data was obtained using questionnaire which was modified, pretested and validated for this study. Data of this study was collected within March and June 2017 using self-administered questionnaires. Knowledge and perception level on STDs questionnaire of respondents

i

was assessed using English Malay bilingual which had been translated and validated. Data analysis was carried out using IBM SPSS version 25. Descriptive analyses of the participants were collected as frequency, mean, median, and percentage. Logistic regression analysis were applied as inferential statistics for determining predictors of knowledge and perception of STDs, as well as chi square test were used.

Participation rate was 98.3% for all faculties combined. Among 118 of the students who participated in this study, majority (66.1%) of the students were aged 17 to 21 years old while the remaining (33.9%) were aged 22 to 26 years old with the mean (SD) age of the respondents of  $21.42 \pm 2.243$ . Most of the respondents were female (63.6%) and Malays (57.6%). Majority (68.6%) of the respondents were from semester 1 to 3 and from rural locality (63.6%). Majority (75.4%) of the students obtained STDs knowledge from the internet. 56.8% of the respondents had good knowledge, while 43.2% had poor knowledge. The overall mean (SD) knowledge score for correctly answered questions were 33.11 (±7.413). 78.3% of respondents from science faculty scored good knowledge while only 34.5% of the respondents from non-science faculty had good knowledge. The comparison of the overall mean knowledge between both groups demonstrated that science undergraduate students had good knowledge level (66.89%) regarding STDs while the non-science undergraduate student had poor knowledge level (46.52%). 66.9% of the respondents possessed positive perception, 33.1% had negative perception. The mean (SD) perception score of the undergraduate students were 12.19 (±2.271). Logistic regression revealed that the knowledge level of student was influenced by their age (AOR= 1.831, 95% CI= 1.276 - 2.544, p-value= 0.003) while faculty (AOR =1.763, 95% CI= 1.287 - 2.365, p value= 0.004) was a significant predictor for perception level. The logistic regression analysis using knowledge level as independent variable demonstrated that respondents knowledge level was very strong predictor for perception level in this study (AOR= 2.865, 95%) CI= 2.284 – 3.657, p= 0.001).

In conclusion, the study reflects that there is overall low knowledge level on STDs among the non-science undergraduate student group and good knowledge level among science undergraduate students. Even though there is slightly higher knowledge level among students of science background but they do not implement a right perception towards STDs, so as the arts stream students. Most of the students answered that they were not worried at all if they contracting an STDs. Probably due to they thinking most of the STDs can be cured. It is important to implement continuous STDs prevention intervention program to provide the right perception and increase the level of knowledge on STDs especially among adolescent group. It is also recommended that further research should be carried out to determine if there is any difference of knowledge and perception of STDs between adolescent from rural and central areas of Malaysia.

Keywords: Knowledge, Perception, STDs, Associated Factors, Undergraduate Students

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

## PENGETAHUAN DAN PERSEPSI TERHADAP PENYAKIT MENULAR SEKSUAL DALAM KALANGAN PELAJAR PRASISWAZAH SAINS DAN BUKAN SAINS DI SEBUAH UNIVERSITI AWAM DI MALAYSIA

Oleh

#### TANYA LAM SZEE EE

**MEI 2021** 

### Pengerusi : Dr. Huda binti Zainuddin Fakulti : Perubatan dan Sains Kesihatan

Penyakit Kelamin (STD) merupakan antara cabaran kesihatan awam yang ketara yang boleh membawa komplikasi yang serius jika tidak dirawat. STD sering kali dihidapi oleh remaja dalam lingkungan usia 25 ke bawah, sama ada lelaki atau perempuan, iaitu dalam lingkungan usia prasiswazah dalam kajian ini. STD menambah bebanan sejagat dalam sektor kesihatan kerana berkaitan secara langsung dengan tingkah laku individu dan isu sosial. Pengetahuan STD adalah penting kepada remaja agar boleh mengamalkan tingkah laku yang sesuai untuk mengelakkan diri mereka daripada dijangkiti STD. Walau bagaimanapun, remaja berpengetahuan tidak menjamin bahawa mereka akan mempunyai persepsi yang betul ke arah pencegahan STD, misalnya cara yang betul untuk menggunakan kondom secara konsisten akan diikuti. Sesetengah remaja berpendapat bahawa penyakit kelamin tidak berbahaya kerana ia boleh diubati. Oleh itu, kajian ini dijalankan untuk menilai pengetahuan dan persepsi berkaitan STD di kalangan pelajar prasiswazah.

Tujuan utama kajian ini adalah untuk menilai tahap pengetahuan dan persepsi mengenai penyakit kelamin di kalangan pelajar prasiswazah aliran sains dan bukan sains di Universiti Putra Malaysia.

Kajian keratan rentas telah dijalankan di Fakulti Bahasa Moden dan Komunikasi, Universiti Putra Malaysia dan Fakulti Perubatan dan Sains Kesihatan, Universiti Putra Malaysia. Kajian ini menggunakan persampelan bertujuan dengan kebarangkalian berkadar dengan saiz untuk memilih 2 fakulti daripada keseluruhan 16 fakulti dari Universiti Putra Malaysia. Saiz sampel adalah 118 dan teknik persampelan rawak mudah telah dijalankan untuk memilih peserta. Data telah diperolehi dengan menggunakan soal selidik yang telah diubahsuai, dijalankan praujian dan disahkan untuk kajian ini. Data kajian ini dikumpul dari bulan Mac hingga Jun 2017 dengan menggunakan soal selidik yang dijawab oleh responden sendiri. Tahap pengetahuan dan persepsi responden dinilai menggunakan bahasa Melayu dan bahasa Inggeris, dwibahasa diterjemahkan dan disahkan. Analisis data telah dijalankan menggunakan IBM SPSS versi 25. Data kemudian dijalankan analisis menggunakan frekuensi, min, median, dan peratusan untuk analisis deskriptif. *Logistic regression* telah digunakan sebagai statistik inferensi untuk mengenalpasti pembolehubah yang meramalkan pengetahuan dan persepsi STD, *chi square* analisa digunakan untuk kajian hubungan antara pembolehubah telah digunakan untuk kajian pembolehubah berkategori.

Kadar penyertaan adalah 98.3% untuk kesemua fakulti. Antara 118 pelajar yang mengambil bahagian dalam kajian ini, kebanyakan (66.1%) daripada pelajar adalah berumur di antara 17 hingga 21 tahun manakala yang lain (33.9%) berumur 22 hingga 26 tahun dengan min (SD) umur responden adalah  $21.42 \pm 2.243$ . Kebanyakan daripada responden adalah perempuan (63.6%) dan Melayu (57.6%). Majoriti (68.6%) responden adalah dari semester 1 hingga 3 dan dari kawasan luar bandar (63.6%). Majoriti (75.4%) pelajar mendapat pengetahuan mengenai penyakit kelamin melalui internet. 56.8% daripada responden mempunyai pengetahuan yang baik, sementara 43.2% mempunyai pengetahuan yang lemah. Min keseluruhan (SD) untuk skor pengetahuan yang dijawab dengan betul adalah 33.11 (±7,413). 78.3% responden daripada fakulti sains memperolehi skor pengetahuan yang baik manakala hanya 34.5% responden daripada fakulti bukan sains memperolehi pengetahuan yang baik. Perbandingan min keseluruhan pengetahuan antara kedua-dua fakulti menunjukkan bahawa pelajar prasiswazah sains mempunyai tahap pengetahuan yang baik (66.89%) mengenai penyakit kelamin manakala pelajar bukan sains memaparkan tahap pengetahuan yang lemah (46.52%). 66.9% daripada responden mempunyai persepsi positif, 33.1% mempunyai persepsi negatif. Min (SD) skor persepsi untuk pelajar prasiswazah ialah 12.19 (±2.271). Regresi logistik mendedahkan bahawa tahap pengetahuan pelajar dipengaruhi oleh umur mereka (AOR = 1.831, 95% CI= 1.276 -2.544, p = 0.003) manakala fakulti (AOR= 1.763, 95% CI = 1.287 - 2.365, p = 0.004) adalah satu peramal yang signifikan bagi tahap persepsi. Analisis regresi logistik yang menggunakan tahap pengetahuan sebagai pemboleh ubah bebas menunjukkan bahawa tahap pengetahuan responden adalah peramal yang sangat mempengaruhi tahap persepsi dalam kajian ini (AOR= 2.865, 95% CI = 2.284 - 3.657, p = 0.001).

Kesimpulannya, kajian ini memperlihatkan bahawa tahap pengetahuan keseluruhan mengenai STD adalah rendah di kalangan kumpulan pelajar prasiswazah. Walaupun terdapat sesetengah pelajar yang mempunyai tahap pengetahuan yang lebih tinggi di kalangan pelajar latar belakang sains tetapi mereka tidak melaksanakan persepsi yang sewajarnya terhadap STDs, tiada beza kebimbangan antara pelajar aliran sains dan bukan sains. Kebanyakan pelajar memberikan jawapan bahawa mereka tidak bimbang sama ada mereka menghidap STD. Mungkin disebabkan mereka menganggapkan bahawa kebanyakan STD boleh diubati. Perlaksanaan program intervensi pencegahan STD secara berterusan adalah penting untuk memberikan persepsi yang sewajarnya dan meningkatkan tahap pengetahuan mengenai STD terutamanya di kalangan remaja. Penyelidikan selanjutnya perlu dijalankan untuk menentukan sama ada terdapat perbezaan pengetahuan dan persepsi STD antara remaja dari kawasan pedalaman dan kawasan bandar di Malaysia.

iv

Kata kunci: Pengetahuan, Persepsi, Penyakit Menular Seksual, Faktor-faktor Yang Mempengaruhi, Pelajar Prasiswazah



### ACKNOWLEDGEMENTS

My deepest and most sincere appreciation goes to my supervisor, Dr Huda binti Zainuddin for her relentless and immeasurable patience in guiding me from the very beginning to the end and making absolutely sure each step and stage of the research was understood well. Also, I am very grateful to my co-supervisors, AP Dato Faisal for all the time he spent on improving this research. Many thanks to the faculties that gave me permission to conduct this research at their respective study places.

A special thanks to my husband, Alvin Chow who sacrificed a lot in supporting this journey of mine, and our sons, Ayden and Alaric. Special thanks also to my parent and my family members for their endless support, encouragement and inspiring me towards success.

Finally, thank you to everyone who contributed in this research, either directly or indirectly.

This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

### Huda Zainuddin, MD

Senior Medical Lecturer Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Chairman)

## Dato' Faisal Ibrahim, MBBS, MPH, MPHM

Associate Professor Faculty of Medicine and Health Sciences Universiti Putra Malaysia (Member)

### ZALILAH MOHD SHARIFF, PhD

Professor and Dean School of Graduate Studies Universiti Putra Malaysia

Date: 20 January 2022

### **Declaration by Graduate Student**

I hereby confirm that:

- this thesis is my original work;
- quotations, illustrations and citations have been duly referenced;
- this thesis has not been submitted previously or concurrently for any other degree at any other institutions;
- intellectual property from the thesis and copyright of thesis are fully-owned by Universiti Putra Malaysia, as according to the Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from supervisor and the office of Deputy Vice-Chancellor (Research and Innovation) before thesis is published (in the form of written, printed or in electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the thesis, and scholarly integrity is upheld as according to the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis has undergone plagiarism detection software.

Signature:

Date: 2 / 6 / 2022

Name and Matric No.: Tanya Lam Szee Ee

## Declaration by Members of Supervisory Committee

This is to confirm that:

 $\bigcirc$ 

- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2015-2016) are adhered to.

Signature:	
Name of Chairman of	
Supervisory	Huda Zainuddin
Committee:	
Signature:	
Name of Member of	
Supervisory Committee:	Dato' Faisal Ibrahim

## TABLE OF CONTENTS

	Page
ABSTRACT	i
ABSTRAK	iii
ACKNOWLEDGEMENTS	vi
APPROVAL	vii
DECLARATION	ix
LIST OF TABLES	XV
LIST OF FIGURES	xvii
LIST OF ABBREVIATIONS	xviii
LIST OF APPENDICES	XX

# CHAPTER

1	INT	RODUCTION	
	1.1	Background	1
	1.2	Problem Statement	2
	1.3	Significance of Study	5
	1.4	Research Questions	6
	1.5	Objectives	7
		1.5.1 General Objective	7
		1.5.2 Specific Objectives	7
	1.6	Research Hypotheses	7
2	LIT	ERATURE REVIEW	
	2.1	History of Sexually Transmitted Diseases (STDs)	8
	2.2	Prevalence of Sexually Transmitted Diseases	8
		2.2.1 The Burden and Impact of Sexually	10
		Transmitted Diseases	
		2.2.2 Types of Common Sexually Transmitted	12
		Diseases	
		2.2.2.1 Chlamydia	12
		2.2.2.2 Trichomonas Vaginalis	12
		2.2.2.3 Gonorrhea	13
		2.2.2.4 Syphilis	13
		2.2.2.5 Hepatitis B and C	14
		2.2.2.6 Human Papilloma Virus	14
		2.2.2.7 Herpes	15
		2.2.2.8 HIV/AIDS	15
	2.3	Risk Factors For Transmission of Sexually	17
		Transmitted Diseases	
		2.3.1 Early Age of First Sexual Experience	18
		2.3.2 Alcohol Consumption	18
		2.3.3 Inconsistent Usage of Condom or Without	18
		Using Condom	
		2.3.4 Multiple Sex Partner	19
		2.3.5 Knowledge Related to Sexually Transmitted	19
		Diseases	

	2.3.6	Influence of Social Media	19
2.4	Transm	nission, Symptoms and Screening of Sexually	20
	Transr	nitted Diseases	
	2.4.1	Chlamydia	20
	2.4.2	Trichomonas Vaginalis	20
	2.4.3	Gonorrhea	21
	2.4.4	Syphilis	21
	2.4.5	Hepatitis B and C	22
	2.4.6	Human Papilloma Virus	22
	2.4.7	Herpes	23
	2.4.8	HIV/AIDS	23
2.5	Preven	tion and Control Programme of Sexually	24
2.0	Transr	nitted Diseases	
2.6	Compl	ications of Sexually Transmitted Diseases	25
2.7	Treatm	ent of Selected Sexually Transmitted Diseases	27
	2.7.1	Chlamydia infection	27
	272	Trichomonas Vaginalis	27
	273	Gonorrhea	27
	2.7.3 274	Synhilis	28
	2.7.7	Henatitis B and C	28
	2.7.5	Human Papilloma Virus	28
	2.7.0	Hernes	29
	2.7.7	HIV/AIDS	29
28	Theore	tical Model of Sexually Transmitted Diseases	29
2.0	2.8.1	Health Belief Model (HBM)	30
	2.0.1	Theoretical Framework	32
20	Z.0.2	adga Pagarding Sayuelly Transmitted Disasses	32
2.9	Dorcon	tion Pagarding Sexually Transmitted Diseases	33
2.10 2.11	Socied	amographic Easters Associated with	34
2.11	Know	ladge and Perception Percenting Sexually	54
	Transr	nitted Diseases	
	2 11 1	A ge	34
	2.11.1 2.11.2	Gondor	35
	2.11.2 2.11.2	Ethnicity	35
	2.11.5	Beligion	35
	2.11.4	Educational Level	36
	2.11.5	Tupos of Secondary Education	37
	2.11.0 2 11 7	L constitu	37
	2.11.7	Locality	37
	2.11.8	Faculty	38
	2.11.9	Source of Information About STDs	20
	2.11.10	Potential Confounders to Knowledge and	30
2.12	Com	Perception on Sexually Transmitted Diseases	20
2.12	Conce	eptual Framework	39
MET	HODOI	LOGY	
3.1	Study I	Location	40
3.2	Study I	Design	40
3.3	Study I	Duration	40
3.4	Study I	Population	40
3.5	Sampli	ng	41
	-		

3.5.1Sampling Population41

G

3

	3.5.2	Samplin	g Frame	41
	3.5.3	Samplin	g Unit	41
	3.5.4	Samplin	g Technique	41
	3.5.5	Sample S	Size	42
3.6	Study	Instrume	nt and Data Collection	43
	3.6.1	Part A: S	tudent Sociodemographic	44
Chara	cteristic	S		
	3.6.2	Part B: K	Knowledge on Sexually Transmitted	44
Disea	ses		<i>c i</i>	
	3.6.3	Part C: P	Perception on Sexually Transmitted	44
Disea	ses			
3.7	Quality	y Control		45
3.8	Variab	les and C	Deperational Definitions	45
	3.8.1	Theoreti	cal Definition	45
	3.8.2	Operatio	nal Definition	46
		3.8.2.1	Dependent Variables	46
		3.8.2.2	Independent Variables	47
3.9	Data A	nalysis		49
3.10	Ethica	l Conside	ration	50
RESU	JLTS			
4.1	Partici	pation Ra	hte	51
4.2	Sociod	lemograp	hic Characteristics of the Participants	51
	4.2.1	Normali	ty Test	51
	4.2.2	Socio-de	emographic Backgrounds of	51
	Respon	idents		
4.3	Distrib	oution of ]	Respondent's Knowledge Regarding	53
	STDs			
	4.3.1	Sources	of Information Regarding STDs	59
4.4	Associ	ation of I	Respondent's Knowledge with Their	59
	Socio	demogra	phic Characteristics	
4.5	Percep	tion Rega	arding STDs	60
4.6	Associ	ation of l	Respondent's Perception with	63
	Socio	demogra	phic Variables And Their Knowledge	
	Level	Regardir	ng STDs	
4.7	Streng	ths of As	sociation Between Respondent's	65
	Know	ledge Le	vel and Sociodemographic Variables	
4.8	Streng	ths of As	sociation Between Respondent's	66
	Perce	ption Lev	el and Sociodemographic Variables	
4.9	Logist	ic Regres	sion Predicting Undergraduate	66
	Stude	nt's Knov	wledge and Perception Level Regarding	
	STDs			
DIGC	TIGGIO	NT		
DISC	U5510			<b>7</b> 0
5.1 5.2	Introdu		and dee Describes CTDs	08
5.2 5.2	Respon	ndents Ki	nowledge Regarding STDs	08
5.5 5.4	Kespoi	idents Pe	erception Regarding STDs	/1
5.4	ASSOC1	ation Bet	ween Knowledge, Perception and	/1

4

5

G

Sociodemographic Characteristics5.5Implication of the Study73

6	CON	CONCLUSION AND RECOMMENDATION			
	6.1	Conclusion	74		
	6.2	Strength	74		
	6.3	Limitation	75		
	6.4	Recommendations	75		
REFERENCES APPENDICES BIODATA OF STUDENT		77 96 116			
PUBLICATION		117			



(C)

# LIST OF TABLES

Table		Page
3.1	Data analysis by objectives	49
4.1	Table Distribution of normality test for age (N=118)	51
4.2	Distribution of socio demographics characteristics of the participants (N=118)	52
4.3	Distribution of respondent's knowledge among the undergraduate students (N=118)	54
4.4	The level of knowledge scores among the science and non-science undergraduate students (N=118)	55
4.5	Comparison on knowledge scores according to sociodemographic factors of respondents	58
4.6	Knowledge level of respondents regarding STDs	58
4.7	Sources of participants obtained STDs information	59
4.8	Association of respondent's knowledge with sociodemographic factors (N=118)	59
4.9	The distribution of undergraduate student's perception regarding STDs. (N=118)	61
4.10	The level of perception among the science and non-science undergraduate students regarding STDs (N=118)	62
4.11	Comparison on perception scores according to sociodemographic factors and knowledge score of respondents	62
4.12	Perception level of respondents regarding STDs	63
4.13	Association of respondent's perception with sociodemographic factors and knowledge regarding STDs (N=118)	64
4.14	Predictors for Knowledge Level	65
4.15	Predictors for Perception Level	65

6

4.16 Strength of association between undergraduate student's knowledge and perception level using logistic regression



66

# LIST OF FIGURES

Figure		Page
2.1	Estimation by WHO: 377 million of new cases on gonorrhoea, herpes simplex virus type 2 (HSV-2), trichomoniasis, syphilis and	9
	Chlamydia in 2012	
2.2	STDs reported at Genitourinary Clinic, Hospital Kuala Lumpur	13
2.3	Reported HIV and AIDS, Malaysia 1986 – 2017	16
2.4	People living with HIV in Malaysia by state, 2017	16
2.5	Distribution of reported HIV cases by age group, Malaysia 2017	17
2.6	Trend of HIV infection by mode of transmission, Malaysia 2000 – 2017	17
2.7	Current Policy of Prevention of Mother to Child Transmission (PMTCT) Program for HIV and Syphilis in Malaysia	25
2.8	The theoretical framework for knowledge and perception on sexually transmitted diseases among undergraduate students in Universiti Putra Malaysia	32
2.9	Conceptual Framework of the Association Between Sociodemographic with Knowledge and Perception on STDs Among Undergraduate University Students in Malaysia	39
3.1	Classifications of Urbanization Areas in Malaysia and Their Total Number of Population as of Year 2010	48

# LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
Anti-HBs	Hepatitis B surface antibody
AOR	Adjusted Odd Ratio
ART	Anti-retroviral therapy
CDC	Center for Disease Control and Prevention
CI	Confidence Interval
DALY	Daily Adjusted Life Years
DNA	Deoxyribonucleic acid
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HEDIS	Healthcare Effectiveness Data and Information Set
HSV	Herpes simplex virus
HPV	Human papilloma virus
HRP	Harm Reduction Program
IF	Immunofluorescence Test
IgM	Immunoglobulin M
КАР	Knowledge, Attitude and Practice
МОН	Ministry of Health
MWFCD	Ministry of Women, Family and Community Development
NAAT	Urine Nucleic Acid Amplification Testing
NSPEA	National Strategic Plan for Ending AIDS
LPPKN	National Population and Family Development Board

PCR	Polymerase Chain Reaction
PID	Pelvic Inflammatory Disease
PLHIV	People living with HIV/AIDS
РМТСТ	Preventing mother-to-child-transmission
SD	Standard deviation
STDs	Sexually Transmitted Diseases
UNAIDS	United Nations Joint Program on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

 $\bigcirc$ 

# LIST OF APPENDICES

Ap	opendix	Page
А	JKEUPM Ethical Approval	94
В	Information and consent sheet	97
C	The questionnaire (English-Malay bilingual version)	100
D	Permission letter from Faculty of Medicine and Health Science involving Medical students	111
E	Permission letter from Faculty of Medicine and Health Science	112
	involving Health Science students	
F	Permission letter from Faculty of Modern Languages and Communication	113

### **CHAPTER 1**

### **INTRODUCTION**

### 1.1 Background

Sexually Transmitted Diseases (STDs) are amongst the top five diseases categories worldwide and one third new cases of STDs occur globally are among adolescent who younger than 25 years old, generally aged 14 to 24 years old (UNAIDS, 2016). Globally, the highest rates of STDs occur among 20 to 24 years old age group, which is then followed by 15 to 19 years old group. There are 400,000 new cases of STDs occur daily from South East Asia region which estimated by World Health Organization. One in every 20 young people is believed to contract a bacterial STDs in any given year. Centers for Disease Control (CDC) estimates that 19 million new infections occur annually, almost half of them were among young people age 15 to 24 years (Ravi et. al., 2014).

STDs is generally infected from the spread of person to person through sexual contact such as vaginal intercourse, anal sex, or even from oral sex. Some STDs are treatable and some might not show symptoms of the infection (Casey, Rutledge, Johnson, Boyd, Starr & King, 2010; Gewirtzman, Bobrick, Conner & Tyring, 2011).

The prevalence of new cases reported chlamydia, gonorrhea, trichomoniasis and syphilis in both male and females from aged 15 to 49 increased from 333 million cases in 1995 to 357 million of cases in 2012 (Newman et. al, 2015). The first sexual intercourse age decreasing and not constant usage of condom or not proper used of condom have been proposed as possible causal for the increase in STDs (Samkange-Zeeb FN, Spallek & Zeeb , 2011). STDs are synergistic, which was defined as acquiring one STDs can lead to increase the possibility of acquiring another STDs, including HIV (Mayaud & McCormick, 2001). In spite of the fact that most STDs can be treated by timely and effective treatment, but most of them are asymptomatic or cannot be detected that lowered the treatment of STDs efficiency (WHO, 2012). Reported cases of some STDs that without undergo treatment may lead to serious complications, such as miscarriage, intrauterine growth retardation, in utero death, cervical cancer, ectopic pregnancy, sepsis, inflammation of the epididymis or testis, infertility, and penile or anal cancer. They also can cause neonatal illness or death, or long term sequelae. However, the magnitude of the congenital syphilis burden, globally, rivals that of HIV infection in neonates yet receives little attention. Congenital syphilis results in serious adverse outcomes in up to 80% of cases and is estimated to affect over 1 million pregnancies annually (Higgins, Hoffman & Dworkin, 2010); (MacDonald & Wong, 2007). The U.S. Preventive Services Task Force recommends that high intensity behavioral counseling are important to at-risk adults and adolescents to prevent STDs. The presence of STDs such as gonorrhea, Chlamydia, and herpes increases the likelihood of HIV transmission. The majority of patients with herpes simplex virus infection will not show recognizable symptoms. Therefore, screening for HSV immunity is of questionable value. The World Bank estimates that STDs excluding HIV

are the second most common cause of healthy life lost after maternal morbidity in 15 to 44 year old women. STDs cost \$16 billion annually to the health care system (O'Connor et al., 2014). There is rapid converting of trend of sexual and reproductive behavior among adolescent which needs more provision from the health care professionals to provide necessary sexual or reproductive care and knowledge to the adolescent (Low WY, 2009).

There are limited studies on knowledge and perception regarding STDs among adolescent in Malaysia have been carried out. However, they are inadequate and infrequent. In order to fill in the gap of various strategies to minimizing STDs in addition to awareness programs that have been created, it is crucial that continuous efforts on obtaining evaluation data on knowledge, perception and practice regarding STDs prevention in the target community should be put in place (Shiferaw et al., 2011). Many of the studies found out that STDs caused 17% of financial losses towards developing countries among all poor health categories (Gewirtzman, 2011). STDs were found commonest among never married persons and adolescent (Svensson & Waern, 2013; Chinsembu, 2009; Almalki, 2014; Rachel, 2006). Adolescent who constitute tertiary education population were exposed to high level of risk toward STDs, hence concentration should be placed on their sexual health (Pereira et al., 2014). There are many determinants associated with sexual health of youths. For example, the behavioral patterns, economic, gender, religion and beliefs, social and their ethnicity. It is crucial to pay more attention on adolescent's knowledge and exposure of risk groups that affect their sexual behavior in order to prevent the widespread of the diseases (Rachel, 2006). It is important for adolescent to know the risky behavior of associated sexual behavioral patterns and lifestyle that may cause unfavorable effect on their health, and prevention methods. STDs burden among adolescent was reported all over the world, as proven by many of the studies done in recent years (Awang, Wong, Jani & Low, 2014).

The aim of this study is to evaluate the level of knowledge and perception among the students at a public university in Malaysia in regards to sexually transmissible disease. In order for students to increase awareness of sexually transmissible disease, their knowledge and perception play an important role.

### 1.2 Problem Statement

Sexually Transmitted Diseases (STDs) are one of the major public health challenges globally especially among the adolescent age group (McManus & Dhar, 2008). Sexually transmitted diseases rank among the most important health issues for the people especially the young adults worldwide. Young people tend to engage in sexual activity at younger ages. Knowledge is an essential precursor of sexual risk reduction (Tilson et al., 2004). Recent bulletin published by World Health Organisation showed that approximately one billion people infected with genital herpes, while oral herpes infected by another billion of population (WHO, 2020). Ministry of Health Malaysia demonstrated that there are approximately 87,041 cases of positive HIV at end of 2018 in Malaysia (MOH, 2019).

Several studies done in Malaysia showed that the knowledge among undergraduate students is still unsatisfactory. For instance, there is a study revealed that there are about 90% of the university students in Selangor thought that STDs are transmissible through handshakes (Soleymani, 2015). Another study of health sciences university students from Negeri Sembilan and Selangor revealed that there was only 63.9% heard of syphilis, 45.4% of them could identify gonorrhoea as one of the STDs, and half of them do not aware that STDs oulc be asymptomatic (Folasayo et al., 2017). There is another study from five states in Malaysia revealed that only 78.7% of the male adolescent below age 24 years old knew that condom could prevent against STDs (Awang et al., 2014).

Cases of STDs in Malaysia are increasing constantly, especially the rate of people diagnosed with herpes, genital warts and chlamydia was increased drastically. The highest positive cases were among the adolescent age group 16 to 24 years old (MOH, 2019). The main public health challenges occur in accordance with reproductive health issues among adolescent are premarital sexual intercourse, undesireable pregnancies, illegal abortions and STDs especially AIDS (Soleymani et al., 2015). According to the UNAIDS report published, the widespread of STDs in Malaysia was reported at 70,559 cases. The prevalence for HIV or AIDS reported at 10,663 cases, while there were more than 50,000 cases for STDs other than AIDS (Anwar et. al., 2010). A report in Sarawak showed that 683 cases of gonorrhea were reported with 514 cases patients aged within 18 to 29 and 49 cases involved teenagers within the age of only 10 to 17 years old (Utusan Sarawak, 2015). From the 683 cases, the areas in Sarawak namely Samarahan and Asajaya reported that 96 total cases of STDs from the areas in year 2014, 64 cases out of the 96 cases of gonorrhea are adolescent aged between 18 to 29 years old. However, another 12 cases were teenagers age from 10 to 17 years old (Utusan Sarawak "Gonorrhea semakin membimbangkan", 2015). Despite of Malaysia having a population of 28 million people and has an economy which is consider good, but to combat the HIV or AIDS occurrence is still a frightening prospect to deal with that keeps provoke challenging to the country (Low, 2006). In year 2013, Malaysia reported that 86,324 people were contracted with HIV (PLHIV), with reported of progressive cumulative 101,672 HIV cases, 20,235 AIDS cases and causing 16,340 deaths following as the consequence of HIV or AIDS, therefore there was a sum up of 85,332 PLHIV in the year of 2013. Approximately 34.3% of the demonstrated cases above were actually the cases among adolescent from the age of 13 to 29 years old (MOH, 2014).

Most of the STDs and reproductive health problems that adolescent encounter are STDs, undesirable pregnancy and abortions. Cases of premarital sex has increased over the years at an alarming rate in Malaysia. It was reported that 8.3% of school students admitted that they have already had sex with the mean age of 15 years old during their first sexual experience (Rahman, Ismail & Bahri, 2011). Majority of the adolescent with poor perception of the future outcome of their current behavior or wrongdoing and hence most of the adolescent have unprotected sex, without condom use and with multiple partners which makes them more easily contract an STDs (Rahman et al., 2011; Low, 2006).

The only successful way in reducing the occurrence of contracting HIV or AIDS is by

combatting the transmission (Anwar et al., 2010). Even though with plenty of the programs promoted in order to increase prevention and treatment approach within the society, STDs still continue to be a significant health challenge and they continue consistently to be a crucial cause of mortality rate and morbidity (McManus et al., 2008). STDs are not simply easy to combat because they deeply associated with human cbehaviors. Therefore, the human knowledge and perception study that related with human behavior is consequently a crucial prevention factor to combat STDs and bring down the prevalence rate (Sh J, Sann Lye & Rampal, 2010; Kraft, 1993). A number of previous KAP studies regarding STDs have been conducted in Malaysia to evaluate current trends of public health related to STDs (Al-Naggar & Al-Jashamy, 2011; Anwar et al., 2010). Nevertheless, most of the studies have concentrated majority on HIV or AIDS instead of STDs. These studies demonstrated that most of the students revealed unsatisfactory knowledge and they were involved in risky behaviors that may put them more vulnerable in contracting the disease (Aung et al., 2013; Sh et al., 2010; Wong et al., 2008; Rahnama, Rampal, Lye, & Abd Rahman, 2011; Zulkifi & Wong, 2002; Huang, 1999; Tee et al., 2008; Choon, Sapiah & Ismail, 1997).

Over many years ago, sexually transmitted diseases were well studied extensively. Syphilis had been studied for 500 years. Firstly, professional thought that it would be just a rare disease. It was misinterpreted and unexpectedly become other forms of STDs. The increasing cases of antibiotic resistance in gonorrhoea has always further complicate the treatment progress. Knowledge of Chlamydia is so poor among young people that it affects many of fertility issues among them (Gross & Tyring, 2011). Adolescent are often viewed as being not mature enough to make their own right decisions on important sexual health related quality of their lives, for example the usage of contraceptives, timing their first sexual experience, selection of their sexual partners. In spite of that, parents, guardians, health care professionals and teachers are expected to monitor and participate in provision of adolescent's decisions regarding sexual and reproductive health (Wood & Aggleton, 2002). These important aspect in adolescent lives, however, often related to sociocultural norms about sexuality (O'Byrne & Watts, 2014; Wood & Aggleton, 2002; Kidd SA, 2007). Plenty of Muslim adolescents were sent over to the shelter homes by their respective family members because of having premarital pregnancies from premarital sexual relationship (Women Aid Organisation, 2011). The result from a study showed that the knowledge about causative organisms, high risk activities, mode of transmission, symptoms, prevention and treatment of STDs was very poor. This study shows the evidence of poor knowledge of STDs amongst the patients that receive STD diagnosis or treatment service in the General Hospital in Malaysia (Anwar, Sulaiman & Khan, 2010).

According to UNICEF report, during the age of adolescent life was average phase where many people try their first sexual experience (UNICEF, 2002). The report from National Health and Morbidity Survey of Malaysia, demonstrated that 7.3% of the participants whom was teenagers aged 13 to 17 years old already had their sexual experiences (MOH, 2018). It is regrettably alarmed that during this phase most of the studies have shown that the adolescent were poorly informed regarding STDs knowledge and the way of prevention (Duong, Debpuur & Kahn, 2008; Folasayo, Oluwasegun, Samsudin, Saudi, Osman & Hamat, 2017; Trajman, Belo, Teixeira, Dantas, Salomão & Cunha, 2003).

Throughout the time, researchers have found out that the only efficient way to combat STDs or to inhibit the rate of spread of STDs infections within the adolescent, can be obtained by evaluating the knowledge of STDs amongst adolescent which comprise of the signs and symptoms manifestation of STDs, factors that put them at high risk to contract the infection, their perceptions and the practices implementation that associated to the preventive measures of STDs (Sekirime, Tamale, Lule, Wabwire-Mangen, 2001; Berten et al., 2009). The tertiary education students that also belong to the member of youths age group were young and more vulnerable among all other age group especially their mentality and social behaviors may usually increase their predisposing risk factors in contracting an STDs. The group of adolescent are also supposed to be much more rational, literate, and well-informed in regards to STDs if differentiate amongst all other population age groups (Maimaiti, 2010).

This research was done at Universiti Putra Malaysia due to it is located in the central region of Malaysia as compared to most previous studies were done at north peninsula Malaysia such as Penang (Anwar et al., 2010), among undergraduate students at Perak (Yip et al., 2019) and south peninsula Malaysia, Melaka (Mansor et al., 2020). Locality of south or north peninsula Malaysia mindset among the students is not biased and students from central region of Malaysia can be compared, since UPM is located in central region of Malaysia. And this university comprised of students from various hometown states from east and west of Malaysia due to it is a public university, students were chosen by Ministry of Higher Education to enter after their application from multiple locality according to quota. Different from private university where students usually chose the renowned or nearby university to enter. Therefore, hometown locality can be one of the sociodemographic in this study due to broad range of students from both rural and urban locality. Hence, their level of knowledge and perception can represent students from many parts of the states in Malaysia. Students of UPM were chosen as part of this study because UPM were among top university in Malaysia and should it be better knowledge and perception regarding STDs as compared to other studies done at other universities in Malaysia.

#### 1.3 Significance of Study

Even with the enormous amount of research, economic, effort, and time placed into the consequences and outcomes of sexually transmitted diseases, many studies have mainly focused on the risk factors involved. There is only small number of studies that focused on knowledge and perception of the students. Moreover, most of the researches done in Malaysia majority are concentrated on HIV or AIDS instead of sexually transmitted diseases. Even though AIDS is also one of the STD but other venereal diseases is little known by citizen in Malaysia and should not be negligible. There is also little known about differences in knowledge and perception on STD across different states in Malaysia.

A cross-sectional study in Malaysia is important to produce the baseline information about student knowledge and perception about STD and their sexual activity to help establish control and education programs in the near future. Studies on STD among youth are very few. Therefore, conducting research on STD in general and among youth in particular is an important input to design policy and strategy aimed at preventing and controlling the infections. Many of the research results in evident that there is a lack of knowledge of STD, other than HIV.

This study will reveal the magnitude of problem on sexually transmitted disease among students in the university, which can guide public health professionals in developing health promotion programs in future to enhance a more knowledgeable and good perception population at university level.

The knowledge and perception studies resulted from adolescent age group students related to STDs can therefore be used as an index scale in estimation for the level of knowledge or perception among overall adolescent in Malaysia. Students may be a public health officer in the future who may need to responsible in planning out or execute appropriate guidelines of preventive measures and students might also in the responsible of need to give health education and promotions sessions to increase the knowledge among the public. Therefore, it is important that these future leaders can commands no matter in a group, organization, or country level with satisfactory sufficient and up to date knowledge regarding STDs which was one of the major health concerns. It is crucial to evaluate their knowledge and perception in order for the university management to establish educational programs and awareness health promotion to increase the knowledge regarding STDs among youth and to enhance their perception towards prevention of STDs. Findings from this study would provide useful information for the development of policies regarding prevention of STDs among youths.

### 1.4 Research Questions

- i. What is the level of knowledge and perception on sexually transmitted diseases among undergraduate students?
- ii. What are the factors associated with knowledge and perception on sexually transmitted diseases among undergraduate students?
- iii. What are the predictors for knowledge and perception on sexually transmitted diseases among undergraduate students?

## 1.5 Objectives

## 1.5.1 General Objective

The aim of this study is to determine the level of knowledge and perception and its risk factor on sexually transmitted diseases and its association among undergraduate students in Universiti Putra Malaysia.

## 1.5.2 Specific Objectives

- 1. To determine the socio-demographic factors (age, gender, faculty, educational level, type of secondary education, ethnicity, and hometown) of students in Universiti Putra Malaysia.
- 2. To assess the level of knowledge related to STDs of undergraduate students.
- 3. To assess the level of perception related to STDs of undergraduate students
- 4. To determine the association between socio-demographic factors and the level of knowledge and perception of sexually transmitted disease.
- 5. To determine the association between knowledge and perception towards sexually transmitted disease.

### 1.6 Research Hypotheses

The alternative hypotheses are:

H1: There is a significant association between socio-demographic characteristics (age, gender, types of secondary education, ethnicity, religion and hometown locality) with either the level of knowledge and perception of sexually transmitted diseases.

H2: There is a significant association between knowledge and perception of sexually transmitted disease.

#### REFERENCES

- Adebowale, A. S., Titiloye, M., Fagbamigbe, A. F., & Akinyemi, O. J. (2013). Statistical modelling of social risk factors for sexually transmitted diseases among female youths in Nigeria. *The Journal of Infection in Developing Countries*, 7(01), 017-027.
- Ahmadian, M., Hamsan, H.H., Abdullah, H., Samah, A.A. & Noor, A.M. (2014). Risky Sexual Behavior among Rural Female Adolescents in Malaysia: A Limited Role of Protective Factors. *Global Journal of Health Science*, 6(3).
- Almalki, B. (2014). Knowledge and awareness of sexually transmitted disease among male university students in Taif, Saudi Arabia. *International Journal of Medical Science and Public Health*, 4(2), 1.
- Al-Naggar, R. A., & Al-Jashamy, K. (2011). Perception of undergraduate university students towards sexually transmitted diseases: A qualitative study. *Journal of Men's Health*, 8, S87–S90.
- Anwar, M., Sulaiman, S.A.S., Ahmadi, K. & Khan, T.M. (2010). Awareness of school students on sexually transmitted infections (STIs) and their sexual behavior: a cross-sectional study conducted in Pulau Pinang, Malaysia. *BMC Public Health*, 10:47.
- Aral, S. O., Fenton, K. A., & Holmes, K. K. (2007). Sexually transmitted diseases in the USA: temporal trends. *Sexually Transmitted Infections*, 83(4), 257–266.
- Asgari, A., & Mustapha, G. B. (2011). The type of vocabulary learning strategies used by ESL students in University Putra Malaysia. *English language teaching*, 4(2), 84.
- Aung, Z., Binti Jalaluddin, A., Wei, W. K., Htwe, K., Nwe, T., Hassan, M. K. B., & Kyaw, Y. M. (2013). Cross Sectional Study of Knowledge, Attitude and Practice on HIV Infection among Secondary School Students in Kuala Terengganu. *International Journal of Medicine and Medical Sciences*, 46(4), 1335.
- Auvert B, Taljaard D, Lagarde E, et al. (2005). Randomized, controlled intervention trial of male circumcision for reduction of HIV infection risk: the ANRS 1265 Trial. *PLoS Med*, 2:e298.
- Awaluddin, S.M., Ahmad, N.A., Saleh, N.S., Aris, T., Kasim, N.M., Sapri, N.A.M. & Rashid, N.R.N.A. (2015). Prevalence of sexual activity in older Malaysian adolescents and associated factors. *Journal of Public Health Aspects*, 2(1).
- Awang, H., Wong, L., Jani, R., & Low, W. (2014). Knowledge of Sexually Transmitted Diseases And Sexual Behaviours Among Malaysian Male Youths. *Journal of Biosocial Science*, 46(2), 214-224. doi:10.1017/S0021932013000114
- Bailey RC, Moses S, Parker CB, et al. (2007). Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet*, 369:643–56.

- Baliunas, D., Rehm, J., Irving, H., & Shuper, P. (2010). Alcohol consumption and risk of incident human immunodeficiency virus infection: a meta-analysis. *International journal of public health*, 55(3), 159-166.
- Bandura A, Schunk DH. (1994). Cultivating competence, self-efficacy, and intrinsic interest through proximal self-motivations. *Journal of Social Psychology*, *41*:586-598.
- Barua A, Kurz K. (2001). Reproductive health seeking by married adolescent girls in Maharashtra, India. *Journal of Reproductive Health Matters*, 9(17), 53-62.
- Bernstein, K. T., Marcus, J. L., Nieri, G., Philip, S. S., & Klausner, J. D. (2010). Rectal gonorrhea and chlamydia reinfection is associated with increased risk of HIV seroconversion. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 53(4), 537-543.
- Berrington de González a, Sweetland S, Green J. (2004). Comparison of risk factors for squamous cell and adenocarcinomas of the cervix: a meta-analysis. *Br J Cancer*. 90(9), 1787-91.
- Berten, H., & Van Rossem, R. (2009). Doing worse but knowing better: An exploration of the relationship between HIV/AIDS knowledge and sexual behavior among adolescents in Flemish secondary schools. *Journal of Adolescence*, 32, 1303–1319.
- Bignell, C., & Unemo, M. (2013). 2012 European guideline on the diagnosis and treatment of gonorrhoea in adults. *International journal of STD* & AIDS, 24(2), 85-92
- Boutonnet, B. & Lupyan, G. (2015). Words jump-start vision: a label advantage in object recognition. *Journal of Neuroscience*, 32(25), 9329-9335.
- Bray F,Ferlay J, Soerjomataram I, Siegel RL, Torre LA,Ahmedin J, GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries: CA CANCER J CLIN. *Global Cancer Statistics* 2018, 68, 394–424. Retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.3322/caac.21492.
- Burg G. (2012). History of sexually transmitted infections (STI), G Ital Dermatol Venereol 147(4), 329-40.
- But DY, Lai CL, Yuen MF. (2008). Natural history of hepatitis-related hepatocellular carcinoma. *World J Gastroenterol*, *14*(11), 1652-1656.
- Casey, C. G., Rutledge, T. F., Johnson, D. C., Boyd, M. F., Starr, T. M., & King, P. H. (2010). Morbidity and Mortality Weekly Report Sexually Transmitted Diseases Treatment Guidelines, Department of health and human services (Vol. 59).

CDC. (2009). Association of Public Health Laboratories. Laboratory diagnostic testing deefor *Treponema pallidum, Expert Consultation Meeting Summary Report, January 13-15*, Atlanta, GA. Retrieved from http://www.aphl.org/programs/infectious\_disease/std/Documents/ID\_2009Jan\_La boratory-Guidelines-Treponema-pallidum-Meeting-Report.pdf

- CDC. (2011). A guide to taking a sexual history. Atlanta, GA: US Department of Health and Human Services, CDC. Retrieved from www.cdc.gov/std/treatment/SexualHistory.pdf
- CDC. (2015). Sexually Transmitted Diseases Treatment Guidelines. 64(3), 74-140. Retrieved from https://www.cdc.gov/std/tg2015/chlamydia.htm
- Centers for disease control and national center for HIV/AIDS, V. H.,Std, and Tb Prevention. (2009).Sexually Transmitted Disease Surveillance 2009. Centers for Disease Control,Atlanta,GA.
- Centers for disease control and national center for HIV/AIDS, V. H.,Std, and Tb Prevention. (2013). Sexually Transmitted Disease Surveillance 2013. Centers for Disease Control,Atlanta,GA.
- Centers for Disease Control and Prevention. (2007). Update to CDC's sexually transmitted diseases treatment guidelines, 2006: fluoroquinolones no longer recommended for treatment of gonococcal infections. *Annals of Emergency Medicine*, 50(3), 232-234.
- Chan, R. (2011). Sexually transmitted infections in Asia and the Pacific--an epidemiological snapshot. *Sexually Transmitted Infections*, 87, ii14–ii15.
- Chandra-Mouli, V., McCarraher, D. R., Phillips, S. J., Williamson, N. E., & Hainsworth, G. (2014). Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive Health*, 11(1), 1. doi:10.1186/1742-4755-11-1
- Chesson HW, Ekwueme DU, Saraiya M. (2012). Estimates of the annual direct medical costs of the prevention and treatment of disease associated with human papillomavirus in the United States. *Vaccine*, *30*, 6016-9.
- Chiao, C., & Yi, C.-C. (2011). Adolescent premarital sex and health outcomes among Taiwanese youth: perception of best friends' sexual behavior and the contextual effect. *AIDS Care*, 23(9), 1083-1092. doi:10.1080/09540121.2011.555737
- Chinsembu, K. C. (2009). Sexually Transmitted Infections in Adolescents. *The Open Infectious Diseases Journal*, 3(1), 107–117.
- Choon. S.E., Sapiah, W., Ismail, Z. (1997): Sexual behavior and HIV knowledge among dermatology cum genitourinary clinic attendees Johor Bharu Malaysia. *Medical Journal of Malaysia*, 52, 318–324.
- Cogliano V, Baan R, Straif K. (2005). Carcinogenicity of human papillomaviruses. *Lancet Oncology*, 6, 204.
- Crosby, R. A., DiClemente, R. J., Yarber, W. L., & Troutman, A. (2008). Young African American men having sex with multiple partners are more likely to use condoms incorrectly: A clinic-based study. *American journal of men's health*

- D'Antonio, W., Hoge, D., Gautier, M., & Davidson, J. (2007). American Catholics today: New realities of their faith and their church. Lenham, MD: Roman and Littlefield.
- Dambacher, M., Rolfs, M., Göllner, K., Kliegl, R., &Jacobs, A. M. (2009). Event-related potentials reveal rapid verification of predicted visual input. *PloS One*, 4(3), e5047.
- Daneback, K., Ross, M. W., & Månsson, S. A. (2006). Characteristics and behaviors of sexual compulsives who use the Internet for sexual purposes. *Sexual Addiction & Compulsivity*, 13(1), 53-67
- Daneback, K., Månsson, S. A., Ross, M. W., & Markham, C. M. (2012). The Internet as a source of information about sexuality. *Sex Education*, 12(5), 583-598.
- Daros, C., & Dasilvaschmitt, C. (2008). Global epidemiology of sexually transmitted diseases. *Asian journal of andrology*, *10*(1), 110.
- Datta SS, Majumder N. (2012). Sex education in school. Journal of Clinical and Diagnostic Research. 6(7), 1362-64.
- Davis, C., Hughes, L., Sloan, M., Tang, C., & MacMaster, S. (2009). HIV/AIDS knowledge, sexual activity, and safer sex practices among female students in Hong Kong, Australia, and the United States. *Journal of HIV/AIDS & Social Services*, 8(4), 414-429.
- Dawson, D. A., Grant, B. F., Stinson, F. S., & Chou, P. S. (2004). Another look at heavy episodic drinking and alcohol use disorders among college and noncollege youth. *Journal of Studies on Alcohol and Drugs*, 65(4), 477.
- Dean, D. (2013). Comparative analysis of *Chlamydia trachomatis* genomes reveals the recent emergence of a pathogenic lineage with a broad host range. *MBio*, 4(2), e00604-12.
- De Cock, K. M., Jaffe, H. W., & Curran, J. W. (2012). The evolving epidemiology of HIV/AIDS. *AIDS (London, England)*, 26(10), 1205–13.
- Department of Statistics Malaysia, Official Portal. (2010). Population and demography. Retrieved from https://www.dosm.gov.my/v1/index.php?r=column/cone&menu\_id=ZHJlbWFBS TVEcHY1ait6akR3WmtVUT09
- De Villiers EM, Fauquet C, Broker TR. (2004). Classification of papillomaviruses. *Virology*, 324, 17-27.
- Diclemente, R. J., Sales, M., Danner, F., & Crosby, R. A. (2011). Association Between Sexually Transmitted Diseases and Young Adults ' Self-reported Abstinence, 208–213.
- Dorland illustrated medical dictionary (2007) available at http://manual39 .jrscyq.biz/pdf/dorland-s-illustrated-medical-dictionary-standard-edition\_htq4e.pdf

- Dorle AS, Hiramath LD, Mannapur BS, Ghattargi CH. (2010). Puberty changes in secondary school children of Bagalkot, Karnataka. *Journal of Clinical and Diagnostic Research*. (4), 3016-19.
- Duong LQ, Debpuur C, Kahn K. (2008). Sexually transmitted disease prevention: knowledge, attitudes, and practices among school pupils in rural Ghana. Int J Infect Dis. 2008; 12, 179-180.
- Ebeniro, C. D. (2010). Knowledge and beliefs about HIV/AIDS among male and female students of Nigerian Universities. *Journal of Comparative Research in Anthropology and Sociology* 1(1), 121–131.
- Edith, M., & Ovaioza, A. M. (2014). Awareness of Sexually Transmitted Infections (STIs) Including HIV/AIDS Among Undergraduate Students of University of Abuja, Nigeria. *British Journal of Applied Science & Technology*, 4(4), 705-717.
- Edre MA, Hayati KS, Salmiah MS, Sharifah Norkhadijah SI and Azmi MN. (2017) A Cluster Randomized Trial Study Protocol on Effectiveness of Health Education Module (HAEMOD) on Colorectal Cancer Screening Uptake among Workers in Kuantan District, Pahang State, Malaysia. *BAOJ Cancer Res Ther 3*, 032.
- Eggleston, E., Rogers, S. M., Turner, C. F., Miller, W. C., Roman, A. M., Hobbs, M. M., ... & Ganapathi, L. (2011). Chlamydia trachomatis infection among 15-35 year-olds in Baltimore, MD, USA. *Sexually transmitted diseases*, 38(8), 743.
- ElKalmi, R.M., Al-Shami, A.K., Alkoudmani, R.M., Al-Syed, T., Al-Lela, O.Q.B. & Patel, I. (2015). Knowledge, Attitudes and Risk Perceptions towards Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) Among Health Sciences Students in a Public University, Malaysia. *Journal of Pharmacy Practice and Community Medicine*, 1(1), 24-29.
- Epstein, H., & Morris, M. (2011). Concurrent partnerships and HIV: an inconvenient truth. *Journal of the International AIDS Society*, 14(1), 13.
- Fageeh, W. (2008). Awareness of Sexually Transmitted Diseases among Adolescents in Saudi Arabia. *Journal of King Abdulaziz University-Medical Sciences*, 15(1), 77– 90.
- Fatimah Sham, Yaakub, S., Filzah Nur Fawati, Siti Jazilah Fatinni, & Ain Aqiela Azamuddin. (2020). Knowledge, Attitudes, Risk Behaviours and Preventive Practices On Sexually Transmitted Diseases Among Students In A Public University In Malaysia. *Malaysian Journal of Public Health Medicine*, 20(3), 100-108.
- Feldblum PJ, Adeiga A, Bakare R, et al. (2008). SAVVY vaginal gel (C31G) for prevention of HIV infection: a randomized controlled trial in Nigeria. PLoS One;3:e1474.
- Fleming DT, Wasserheit JN. (1999). From epidemiological synergy to public health policy and practice: The contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect*; 75(1): 3–17.

- Folasayo, A. T. (2015). Knowledge, Attitude and Preventive Practices Related To Sexually Transmitted Diseases Among University Students in Malaysia.
- Folasayo, A., Oluwasegun, A., Samsudin, S., Saudi, S., Osman, M., & Hamat, R. (2017). Assessing the Knowledge Level, Attitudes, Risky Behaviors and Preventive Practices on Sexually Transmitted Diseases among University Students as Future Healthcare Providers in the Central Zone of Malaysia: A Cross-Sectional Study. *International Journal of Environmental Research and Public Health*, 14(2), 159. doi:10.3390/ijerph14020159
- Franco, E., Bagnato, B., Marino, M. G., Meleleo, C., Serino, L., & Zaratti, L. (2012). Hepatitis B: Epidemiology and prevention in developing countries. *World Journal* of Hepatology, 4(3), 74–80.
- Frazer, I., Cox, J., Mayeaux, Edward J., Moscicki A., Palefsky, Joel M., Ferris, D. & Ferenczy,A.(2006). Advances in prevention of cervical cancer and other human papillomavirusrelateddiseases. *Pediatric Infectious Disease Journal*. 25(2) Supplement:S65-S81.
- Gallo MF, Kilbourne-Brook M, Coffey PS. (2012) A review of the effectiveness and acceptability of the female condom for dual protection. *Sex Health* 2012;9:18–26.
- Garside, R., Ayres, R., Owen, M., Pearson, V. A. & Roizen, J. (2001) They never tell you about the consequences: young people's awareness of sexually transmitted infections. *International Journal of STDs and AIDS 12*(9), 582–588.
- Gewirtzman, A., Bobrick, L., Conner, K., & Tyring, S. K. (2011). Epidemiology of sexually transmitted infections. In Sexually Transmitted Infections and Sexually Transmitted Diseases, 13-34. Springer Berlin Heidelberg.
- Ghojazadeh, M., Azar, Z. F., Saleh, P., Naghavi-Behzad, M., & Azar, N. G. (2012). Knowledge and attitude of Iranian university students toward human papilloma virus. *Asian Pac J Cancer Prev, 13*(12), 6115-9.
- Gottlieb, S. L., Newman, L. M., Amin, A., Temmerman, M., & Broutet, N. (2013). International Journal of Gynecology and Obstetrics Sexually transmitted infections and women's sexual and reproductive health, 123, 183–184.
- Gottlieb, S. L., Low, N., Newman, L. M., Bolan, G., Kamb, M., & Broutet, N. (2014). Toward global prevention of sexually transmitted infections (STIs): the need for STI vaccines. *Vaccine*, 32(14), 1527-1535.
- Gozum, S., & Capik, C. (2014). A guide in the development of health behaviours: Health belief model (HBM). *Dokuz Eylül Universitesi Hemşirelik Yüksekokulu Elektronik Dergisi*, 7, 230-237.
- Gray RH, Kigozi G, Serwadda D, et al. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *Lancet*, *369*:657–66.
- Gross, G., & Tyring, S. K. (Eds.). (2011). Sexually transmitted infections and sexually transmitted diseases. Springer Science & Business Media.

- Gupta, R., Warren, T., & Wald, A. (2008). Genital herpes. *The Lancet*, 370(9605), 2127-2137
- Haglund, K. a, & Fehring, R. J. (2010). The association of religiosity, sexual education, and parental factors with risky sexual behaviors among adolescents and young adults. *Journal of Religion and Health*, 49(4), 460–72.
- Harper, K. N., Zuckerman, M. K., Harper, M. L., Kingston, J. D., & Armelagos, G. J. (2011). The origin and antiquity of syphilis revisited: An Appraisal of Old World pre-Columbian evidence for treponemal infection. *American journal of physical* anthropology, 146(S53), 99-133.
- Hawkes, S. (2008). Addressing Sexually Transmitted Infections (STIs), including HIV/AIDS, in the Context of Sexual Health. *International Journal of Sexual Health*, 20(1-2), 91–108.
- Higgins JA, Hoffman S and Dworkin SL. (2010). Rethinking gender, heterosexual men and women's vulnerability to HIV/AIDS, *American Journal of Public Health*, 100(3), 435–445.
- Hogben M, Leichliter JS. (2008). Social determinants and sexually transmitted disease disparities. *Sex Transm Dis*, *35*(12 Suppl), S13–18.
- Huang, M.S.L. (1999): Case Study, Malaysia: Communication and Advocacy Strategies Adolescent Reproductive and Sexual Health. UNESCO Principal Regional Office for Asia and the Pacific, Bangkok.
- Huang, L. M., Lu, C. Y., & Chen, D. S. (2011). Hepatitis B virus infection, its sequelae, and prevention by vaccination. *Current opinion in immunology*, 23(2), 237-243.
- Hublet, A., Maes, L.,&Vereecken, C. (2006). Studie jongeren en gezondheiddIntern rapport, vakgroep Maatschappelijke Gezondheidkunde. Universiteit Gent.[Study on youth and health Report by the Department of Public Health, Ghent University]. Retrieved from www.jongeren-en-gezondheid.ugent.be.
- Hutton, H. E., McCaul, M. E., Santora, P. B., & Erbelding, E. J. (2008). The relationship between recent alcohol use and sexual behaviors: gender differences among sexually transmitted disease clinic patients. *Alcoholism, Clinical and Experimental Research*, 32(11), 2008–15.
- Jaafar, J. A. S., Wibowo, I., & Afiatin, T. (2006). The Relationship Between Religiosity, YouthbCulture, and Premarital Sex among Malaysian and Indonesian Adolescents. *Asia Pacific Journal of Social Work and Development, 16*(2), 5-18. doi:10.1080/21650993.2006.9755999
- Jacob M., Bradley J., & Barone M. (2005). Human Papillomavirus Vaccines: what does the future hold for preventing cervical cancer in low resource settings, through immunizationprograms? *Sexually Transmitted Diseases*. 32(10), 635-640.
- Jaideep K. (2012). Need Assessment for Sex Education amongst the University Students. A Pilot Study. *GJMEDPH*, 1(2):23-29.

- Jemal A, Simard EP, Dorell C. (2013). Annual report to the nation on the status of cancer, 1975-2009, featuring the burden and trends in human papillomavirus(HPV)-associated cancers and HPV vaccination coverage levels. J Natl Cancer Inst, 105, 175–201.
- Johnston, V. J., & Mabey, D. C. (2008). Global epidemiology and control of Trichomonas vaginalis. *Current Opinion in Infectious Diseases*, 21(1), 56–64.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2014). *The Gap Report*, Geneva: UNAIDS.
- Kahn, J., A, & Bernstein, D.(2005).Humanpapillomavirus vaccines and adolescents. *Current Opinion in Obstetrics & Gynecology*. 17(5), 476-482.
- Kalichman, S. & Hunter, T. (1992). The disclosure of celebrity status and HIV infection: Its effects on public attitudes. *American Journal of Public Health*, 82, 1374-1378.
- Kalichman, S. C., Pellowski, J., & Turner, C. (2011). Prevalence of sexually transmitted co-infections in people living with HIV/AIDS: systematic review with implications for using HIV treatments for prevention. *Sexually transmitted infections*, 87(3), 183-190.
- Kaljee LM, Green M, Riel R, Lerdboon P, Tho LH, Thoa LTK, Minh TT. (2007). Sexual stigma, sexual behaviors, and abstinence among Vietnamese adolescents: Implications for risk and protective behaviors for HIV, STIs, and unwanted pregnancy. *Journal of the Association of Nurses in AIDS Care*, 18,48-59.
- Karl L. Dehne, Gabriele R. (2005). Sexually transmitted infections among adolescents : the need for adequate health services. *World Health Organization*. Retrieved from: https://apps.who.int/iris/handle/10665/43221.
- Kidd SA. (2007). Youth homelessness and social stigma, *Journal of Youth and Adolescence*, 36(3), 291–299.
- Kirby D. (2007) Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases, Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007
- Korenromp EL, Rowley J, Alonso M, Mello MB, Wijesooriya NS. (2019). Global burden of maternal and congenital syphilis and associated adverse birth outcomes. *Estimates for 2016 and progress since 2012*. PLOS ONE 14(2), e0211720. Retrieved from https://doi.org/10.1371/journal.pone.0211720
- Koshiol, J., Samantha A., & Pimenta, J. (2004).Rate and predictors of new genital warts claims and genital warts-related healthcare utilization among privately insured patients in the United States. *Sexually Transmitted Diseases*. 31(12), 748-752.
- Kraft, P. (1993). Sexual knowledge among Norwegian adolescents. *Journal of adolescence*, 16(1), 3-21.

- Kretzer, I. F., Livramento, A. D., Cunha, J. D., Gonçalves, S., Tosin, I., Spada, C., & Treitinger, A. (2014). Hepatitis C Worldwide and in Brazil: Silent Epidemic—Data on Disease including Incidence, Transmission, Prevention, and Treatment. *The Scientific World Journal*, 2014.
- Kubicek, K., Beyer, W. J., Weiss, G., Iverson, E., & Kipke, M. D. (2010). In the dark: young men's stories of sexual initiation in the absence of relevant sexual health information. *Health Education & Behavior : The Official Publication of the Society for Public Health Education*, 37(2), 243–63.
- Kumar, R., Goyal, A., Singh, P., Bhardwaj, A., Mittal, A., & Yadav, S. S. (2017). Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study. *Journal of clinical and diagnostic research : JCDR*, 11(3), 1–4. doi:10.7860/JCDR/2017/19290.9338
- Lal, S. S., Vasan, R. S., Sarma, P. S., & Thankappan, K. R. (2000). Original Articles Knowledge and attitude of college students in Kerala towards HIV / AIDS, sexually transmitted diseases and sexuality, *13*(5), 231–236.
- Lan, P. T., Mogren, I., Phuc, H. D., & Stålsby Lundborg, C. (2009). Knowledge and practice among healthcare providers in rural Vietnam regarding sexually transmitted infections. *Sexually Transmitted Diseases*, *36*(12), 452–458.
- Lanini S, Easterbrook PJ, Zumla A, Ippolito G. (2016). Hepatitis C: global epidemiology and strategies for control. *Clin Microbiol Infect*. 22(10), 833–838.
- Lee, L. K., Chen, P. C., Lee, K. K., & Kaur, J. (2006). Premarital sexual intercourse among adolescents in Malaysia: a cross-sectional Malaysian school survey. *Singapore Med J*, 47(6), 476-481.
- Leeman, R. F., & Wapner, S. (2001). Some factors involved in alcohol consumption of first-year undergraduates. *Journal of drug education*, *31*(3), 249-262.
- Leenaars PEM, Rombouts R, Kok G. (1993). Seeking medical care for a sexually transmitted disease: determinants of delay behaviour. *PsycholnHealth*; 8, 17–32.
- LeFevre ML. (2014). USPSTF: screening for chlamydia and gonorrhea. Ann Intern Med 161, 902–10.
- Lemeshow, S., and Lwanga, S. K. (1990). Sample size determination in health studies: A practical manual. World health organization Geneva.
- Lescano, C. M., Brown, L. K., Raffaelli, M., & Lima, L.-A. (2009). Cultural factors and family-based HIV prevention intervention for Latino youth. *Journal of Pediatric Psychology*, *34*(10), 1041–52.
- Ljubojević, S., & Lipozenčić, J. (2010). Sexually transmitted infections and adolescence. *Acta Dermatovenerologica Croatica*, 18(4), 0-0.

- Lohman, B. J., & Billings, A. (2008). Protective and risk factors associated with adolescent boys' early sexual debut and risky sexual behaviors. *Journal of Youth and Adolescence*, *37*(6), 723-735.
- Lok AS, McMahon BJ. (2009). Chronic hepatitis B: update 2009. *Hepatology 50*, 661–2.
- Looker, K. J., Garnett, G. P., & Schmid, G. P. (2008). An estimate of the global prevalence and incidence of herpes simplex virus type 2 infection. *Bulletin of the World Health Organization*, 86(10), 805-812A.
- Looker KJ, Magaret AS, Turner KME, Vickerman P, Gottlieb SL, Newman LM. (2015). Global estimates of prevalent and incident herpes simplex virus type 2 infections in 2012. PLoS One, 10(1):e114989. doi:10.1371/journal.pone.0114989.
- Low, N., Broutet, N., Adu-Sarkodie, Y., Barton, P., Hossain, M., & Hawkes, S. (2006). Global control of sexually transmitted infections. *The Lancet*, 368(9551), 2001-2006
- Low WY. (2009). Malaysian youth sexuality: issues and challenges. *Journal of Health* and Translational Medicine. 12(1), 3-14.
- Ma, Q., Ono-kihara, M., Cong, L., Xu, G., Zamani, S., Ravari, S. M., & Kihara, M. (2006). Sexual behavior and awareness of Chinese university students in transition with implied risk of sexually transmitted diseases and HIV infection : A cross-sectional study, *11*.
- MacDonald N and Wong T. (2007). Canadian guidelines on sexually transmitted infections, 2006, *Canadian Medical Association Journal*, 176(2):175–176.
- Madushan, K. A. D., Kumari, M. H., Mendis, D., & Murali, V. (2018). Knowledge and attitude of Jaffna University undergraduates towards Human Immunodeficiency Virus (HIV) infection. *Proceeding of the Undergraduate Research Symposium* 2018, Abstract No:OP 08
- Mah, T. L., & Halperin, D. T. (2010). Concurrent sexual partnerships and the HIV epidemics in Africa: evidence to move forward. *AIDS and Behavior*, 14(1), 11-16.
- Mahmutovic Vranic, Sabina, Mufida, Aljicevic, Šegalo, Sabina, Jogunčić, Anes. (2019). Knowledge and Attitudes of Sexually Transmitted Infections Among High School Students in Sarajevo. 48, 147-158. doi: 10.5644/ama2006-124.253.
- Mahtab, M. (2010). Knowledge, Attitude and Practice Related to HIV?AIDS Prevention Among Secondary School Students In Klang, Malaysia. Universiti Putra Malaysia.
- Maimaiti, N., Shamsuddin, K., Abdurahim, A., Tohti, N., & Maimaiti, R. (2010). Knowledge, attitude and practice regarding HIV/AIDS among university students in Xinjiang. *Global Journal of Health Science*, 2(2), p51.

- Manaf, M.R.A., Tahir, M.M., Sidi, H., Midin, M., Jaafar, N.R.N., Das, S. & Malek, A.M.A. (2014). Pre-marital sen and its predicting factors among Malaysian youths. *Comprehensive Psychiatry*, 55.
- Mandal, G., Raina, D., & Balodi, G. (1983). Vaginal douching: Methods, practices and health risks.
- Mansor N, Ahmad N, Rahman HA (2020) Determinants of knowledge on sexually transmitted infections among students in public higher education institutions in Melaka state, Malaysia. PLoS ONE 15(10): e0240842. https://doi.org/10.1371/journal.pone.0240842
- Marinković, Ž., & Đukić, S. (2012). The origin of syphilis-still controversial?.*Sanamed*, 7(2), 127-130.
- Markowitz LE, Dunne EF, Saraiya M (2014). Human papillomavirus vaccination: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep 2014;63*(No. RR-05).
- Matkins, P. P. (2009). Sexually Transmitted Infections in Adolescents. *North Carolina Medical Journal*, 74(1), 48–52.
- Mayaud P and McCormick D. (2001). Interventions against sexually transmitted infections (STI) to prevent HIV infection, *British Medical Bulletin*, 58(1):129–153.
- McCormack S, Ramjee G, Kamali A, et al. (2010). PRO2000 vaginal gel for prevention of HIV-1 infection (Microbicides Development Programme 301): a phase 3, randomised, double-blind, parallel-group trial. *Lancet.* 376:1329–37.
- McManus A, Dhar L. (2008). Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education: (A cross sectional survey of urban adolescent school girls in South Delhi, India). *BMC Women's Health*, 8-12.
- Merriam Webster Dictionary (2013). Retrieved from <u>http://www.merriam</u> webster.com/dictionary/ethnic (2013).
- Mertz, G. J. (2008). Asymptomatic shedding of herpes simplex virus 1 and 2: implications for prevention of transmission. *Journal of Infectious Diseases*, 198(8), 1098-1100.
- Milani, H. S., & Azarghashb, E. (2011). Knowledge and attitudes of female students who live in Tehran dormitories, towards STDs and sexual relationship, 6(1), 35–40
- Ministry of Health Malaysia. (2010). Statistics of HIV AIDS in Malaysia (1986 2009).
- Ministry of Health Malaysia. (2014). Global AIDS Response Progress Report 2014 Malaysia; Country Responses to HIV/AIDS.

- Ministry of Health Malaysia. (2016). Trends and treatment in STI Management in Primary Care. Retrieved from http://jknj.jknj.moh.gov.my/jsm/day3/Trends%20&%20Treatment%20in%20STI %20Management%20in%20Primary%20Care%20-%20Dr.%20Salmiah%20Shari ff.pdf
- Ministry of Health Malaysia. (2018) Key findings from the adolescents health and nutrition survey. In: *National Health and Morbidity Survey (NHMS) 2017*. Retrieved from: http://iku.moh.gov.my/images/IKU/Document/REPORT/NHMS2017/NHMS2017 Infographic.pdf.
- Ministry of Health Malaysia. (2018b) *Country Progress Report 2018*. Retrieved from <u>http://www.moh.gov.my/index.php/dl/554756755a584a69615852686269394d595</u> <u>84276636d46754c31567464573076556d567762334a3058306442545638794d444</u> <u>53458305a70626d4673587967794b5335775a47593d</u>
- Ministry of Health Malaysia. (2019) Country Progress Report on HIV/AIDS Response
- Mishra, P., Florian, J., Peter, J., Vainorius, M., Fried, M. W., Nelson, D. R., & Birnkrant, D. (2017). Public–Private Partnership: Targeting Real-World Data for Hepatitis C Direct-Acting Antivirals. *Gastroenterology*, 153(3), 626-631.
- Mohamed, R., Ng, C. J., Tong, W. T., Abidin, S. Z., Wong, L. P., & Low, W. Y. (2012). Knowledge, attitudes and practices among people with chronic hepatitis B attending a hepatology clinic in Malaysia: A cross sectional study. *BMC Public Health*, 12, 601.
- Mohd, A. M., Adibah, H., & Haliza, G. (2015). A review of teenage pregnancy research in Malaysia. *The Medical journal of Malaysia*, 70(4), 214-219.
- Molicotti, P., Usai, D., Cubeddu, M., Sechi, L. A., & Zanetti, S. (2013). Letter to the Editor Comparison of two molecular methods for diagnosis of Chlamydia trachomatis, 65–67.
- Moscicki, A. (2011). HPV-associated cancers: It's not all about the cervix. *Preventive Medicine*. *53*(2011), S3-S4.
- Mustapa, M. C., Ismail, K. H., Mohamad, M. S., & Ibrahim, F. (2015). Knowledge on Sexuality and Reproductive Health of Malaysian Adolescents – A Short Review. *Procedia - Social and Behavioral Sciences*, 211(Supplement C), 221-225. doi:https://doi.org/10.1016/j.sbspro.2015.11.088
- Myers ER, McCrory DC, Nanda K. (2000). Mathematical model for the natural history of human papillomavirus infection and cervical carcinogenesis. *Am J Epidemiol*, *151*, 1158–71.
- Nandwani R, Evans DT. (1995). Are you sure it's syphilis? A review of false positive serology. International journal of STD and AIDS 6:241–8.

Natalie C. Browes. (2015). Comprehensive sexuality education, culture and gender: the effect of the cultural setting on a sexuality education programme in Ethiopia. *Sex Education* 15:6, pages 655-670.

National Committee for Quality Assurance. (2017). *The State of Healthcare Quality* 2017. Retrieved from http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-ta ble-of-contents/chlamydia-screeningExternal.

- National Institutes of Health (NIH). (2012). Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents*. Washington, DC: Department of Health and Human Services. Retrieved from http://aidsinfo.nih.gov/guidelines
- Newman LM, Rowley J, Vander Hoorn S, Wijesooriya NS, Unemo M, Low N et al. (2015). Global estimates of the prevalence and incidence of four curable sexually transmitted infections in 2012 based on systematic review and global reporting, *PLoS One*, 10(12):e0143304, doi:10.1371/journal.pone.0143304.
- Ng, C. J., & Kamal, S. F. (2006). Bridging the gap between adolescent sexuality and HIV risk: the urban Malaysian perspective. *Singapore medical journal*, 47(6), 482.
- Nicolle, L. (2005). Sexually Transmitted Infections. *The Canadian Journal of Infectious Diseases & Medical Microbiology*, 16, 9–10.
- Norbu, K. & Mukhia, S. (2013). Assessment of knowledge on sexually transmitted infections and sexual risk behaviour in two rural districts of Bhutan. *BMC public health*, 13(1), 1142.
- O'Byrne P and Watts J. (2014). Include, differentiate and manage: gay male youth, stigma and healthcare utilization, *Nursing Inquiry*, 21(1):20–29.
- O'Connor EA, Lin JS, Burda BU, Henderson JT, Walsh ES, Whitlock EP. (2014). Behavioral Sexual Risk-Reduction Counseling in Primary Care to Prevent Sexually Transmitted Infections: A Systematic Review for the U.S. Preventive Services Task Force. Ann Intern Med. 161:874–883. doi: 10.7326/M14-0475
- Oakeshott P, Kerry S, Aghaizu A, et al. (2010). Randomised controlled trial of screening for *Chlamydia trachomatis* to prevent pelvic inflammatory disease: The POPI (prevention of pelvic infection) trial. *BMJ 2010; 340*: c1642.
- Ohene, S., & Akoto, I. (2008). Factors associated with sexually transmitted infections among young ghanaian women. *Ghana Med J*, 42(3), 96-100.
- Ott, J. J., Stevens, G. a., Groeger, J., & Wiersma, S. T. (2012). Global epidemiology of hepatitis B virus infection: New estimates of age-specific HBsAg seroprevalence and endemicity. *Vaccine*, *30*, 2212–2219.
- Oyekale, A. S. (2014). Assessment of Sex-Related Behaviours, Human Immunodeficiency Virus (HIV) Knowledge and Sexually Transmitted Infections

(STIs) among Men of Reproductive Age in Cameroon. *International Journal of Environmental Research and Public Health*, 11(12), 12726–38.

- Patel H, Wagner M, Singhal P. (2013). Systematic review of the incidence and prevalence of genital warts. *BMC Infect Dis*, 13(39).
- Pereira H., Carmo A. (2014). Sexually transmitted diseases: Knowledge and perceived prevalence of symptoms in university students. *Int. STD Res. Rev.* 2:1–11. doi: 10.9734/ISRR/2014/6850.
- Petruzziello A, Marigliano S, Loquercio G, Cozzolino A, Cacciapuoti C. (2016). Global epidemiology of hepatitis C virus infection: an up-date of the distribution and circulation of hepatitis C virus genotypes. *World J Gastroenterol*, 22(34), 7824-7840.
- Polanyi, M. (2012). *Personal knowledge: Towards a post-critical philosophy*. University of Chicago Press.
- Polit, D. F., & Beck, C. T. (2010). *Nursing research principles and methods* (7th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Prichard, J., Spiranovic, C., Watters, P., & Lueg, C. (2013). Young people, child pornography, and subcultural norms on the Internet. *Journal of the American Society for Information Science and Technology*, 64(5), 992-1000
- Prothero, S. (2007). Worshipping in ignorance. The Chronicle Review, March 16: B6– B7.
- Pourhoseingholi, M. A., Baghestani, A. R., & Vahedi, M. (2012). How to control confounding effects by statistical analysis. *Gastroenterology and Hepatology from bed to bench*, 5(2), 79.
- Rachel Nugent. (2006). Youth in a global world. Youths in A Global World, 1(27), 18-45.
- Rahman, A. A., Rahman, R. A., Ibrahim, M. I., Salleh, H., Ismail, S. B., Ali, S. H., ... & Ahmad, A. (2011). Knowledge of sexual and reproductive health among adolescents attending school in Kelantan, Malaysia. Southeast Asian *Journal of Tropical Medicine and Public Health*, 42(3), 717.
- Rahnama, R., Rampal, L., Lye, M. S., & Abd Rahman, H. (2009). Knowledge, Attitude and Practice related to HIV/AIDS among students in a local university (2007). *Malaysian Journal of Medicine and Health Sciences*, 5(2), 27-41.

Ramachandran, S., & Ngeow, Y. F. (1990). The prevalence of sexually transmitted diseases among prostitutes in Malaysia. *Genitourinary medicine*, 66(5), 334–336. doi:10.1136/sti.66.5.334

Randhir, Goyal, Mittal, Anshu, Kumar, Anmol, Singh, Parmal, Bhardwaj, Anu, Yadav, Sachin. (2016). Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study. *Journal of Clinical and Diagnostic Research.* 11, 1-4.

- Ravinder R. (2006). Premarital sex lessons from American experience, Ilorin (Nigeria). *The Nigerian Journal of Guidance and Counselling 2006, 11*,134-145.
- Reid, A. E., & Aiken, L. S. (2011). Integration of five health behaviour models: Common strengths and unique contributions to understanding condom use. *Psychology & health*, 26(11), 1499-1520.
- Richard Leete. (2005). Selangor's Human Development Programme and Challenges. Retrieved from: https://web.archive.org/web/20120425081804/http://cc-sea.org/megananda/data/H DR\_COUNTRY/Malaysia\_Selangor\_HD.pdf
- Rizal, M., Manaf, A., Mohd, M., Sidi, H., Midin, M., Ruzyanei, N., Malek, A. (2014). Science Direct Pre-marital sex and its predicting factors among Malaysian youths, 55, 82–88
- Rosenberg MJ, Davidson AJ, Chen JH, et al. (1992). Barrier contraceptives and sexually transmitted diseases in women: a comparison of female-dependent methods and condoms. *Am J Public Health*. 82:669–74.
- Rosenstock, I.M. (1974). The health belief model and preventive health behavior. *Health Education Monographs*, 2, 354–386.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1994). The health belief model and HIV risk behavior change. Springer US. (pp.5-24).
- Rostosky, S. S., Wilcox, B. L., Wright, M. L. C., & Randall, B. A. (2004). The impact of religiosity on adolescent sexual behavior: A review of the evidence. *Journal of Adolescent Research*, 19(6), 677-697.
- Rouidi-Fahimi, & Shereen, E. F. (2011). Facts of life Youth Sexuality and Reproductive Health in the Middle East and North Africa.
- Rowley J, Vander Hoorn S, Korenromp E, Low N, Unemo M, Abu-Raddad LJ, et al. (2019). Global and Regional Estimates of the Prevalence and Incidence of Four Curable Sexually Transmitted Infections in 2016. WHO Bulletin. [updated June 2019]. Retrieved from: https://www.who.int/bulletin/online\_first/BLT.18.228486.pdf
- Sales, J. M., & DiClemente, R. J. (2010). Adolescent STI/HIV prevention programs: what works for teens. *Research Facts and Findings*.
- Samkange-Zeeb FN, Spallek L and Zeeb H. (2011). Awareness and knowledge of sexually transmitted diseases (STDs) among schoolgoing adolescents in Europe: a systematic review of published literature, *BMC Public Health*, 11(1):727.
- Satterwhite CL, Torrone E, Meites E, et al. (2013). Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis* 40, 187–93.
- Schiffman, M., & Castle, P. (2006). When to test women for human papillomavirus. *British Medical Journal.* 332(7533), 61-62.

- Schofield, H. L. T., Bierman, K. L., Heinrichs, B., Nix, R. L., & Conduct Problems Prevention Research Group. (2008). Predicting early sexual activity with behavior problems exhibited at school entry and in early adolescence. *Journal of abnormal child psychology*, 36(8), 1175-1188
- Scholes D, Stergachis A, Heidrich FE, et al. (1996). Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med 1996;* 334(21): 1362–1366.
- Sekirime WK, Tamale J, Lule JC, Wabwire-Mangen F. (2001). Knowledge, attitude and practice about sexually transmitted diseases among university students in Kampala. *Africa Health Sciences* 1(1), 16–22.
- Sena AC, Miller WC, Hobbs MM, Schwebke JR, Leone PA, Swygard H, Atashili J & Cohen MS. (2007). Trichomonas vaginalis infection in male sexual partners; Implications for diagnosis, treatment and prevention. *Clin Infect Dis* 44:13-22
- Sh, J., Sann Lye, M., & Rampal, L. (2010). Sexual Behavior, Knowledge and Attitude of Non-Medical University Students Towards HIV/AIDS in Malaysia. *Shiraz E medical journal*, 11(3).
- Shepard, C.W., Simard, E.P., Finelli, L., Fiore, A.E., Bell, B.P., 2006. Hepatitis B virus infection: epidemiology and vaccination. *Epidemiol. Rev.* 28, 112–125
- Shiferaw, Y., Alemu, A., Girma, A., Getahun, A., Kassa, A., Gashaw, A., ... Gelaw, B. (2011). Assessment of knowledge, attitude and risk behaviors towards HIV/AIDS and other sexual transmitted infection among preparatory students of Gondar town, North West Ethiopia. *BMC Research Notes*, 4, 505.
- Singh, A. E. (1999). Syphilis : Review with Emphasis on Clinical , Epidemiologic , and Some Biologic Features, *12*(2), 187–209.
- Smith DK, Herbst JH, Zhang X, et al. Condom efficacy by consistency of use among MSM. Paper presented at: US 20th Conference on Retroviruses and Opportunistic Infections, Atlanta 2013. Retrieved from: http://www.aidsmap.com/Consistent-condom-use-in-anal-sex-stops-70-of-HIV-in fections-study-finds-but-intermittent-use-has-no-effect/page/2586976/External.
- Soleymani, S., Rahman, H.A., Lekhraj, R. & Zulkefli, N.A.M. (2015). A cross-sectional study to explore postgraduate students' understanding of and beliefs about sexual and reproductive health in a public university, Malaysia. *Reproductive Health*, 12:77.
- Stamm WE. (2008). Chlamydia trachomatis infections in the adult. In: Holmes KK, Sparling PF, Stamm WE, Piot P, Wasserheit JN, Corey L, Cohen MS, Watts DH. Sexually Transmitted Diseases. 4th ed. New York, NY: McGraw-Hill; 575–606.
- Starnbach, M. N., & Roan, N. R. (2008). Conquering sexually transmitted diseases. Nature Reviews Immunology, 8(4), 313-317.
- Strecher, V. J., & Rosenstock, I. M. (1997). The health belief model. In A. Baun, S. Newman, J. Weisnman, R. West & C. McManus (Eds.), *Cambridge handbook of*

*psychology, health, and medicine* (pp. 113-117). Cambridge, England: Cambridge University Press.

- Svensson, L., & Waern, S. (2013). Knowledge of and attitudes to sexually transmitted diseases among Thai university students. (Unpublished Bachelor thesis) Uppsala University.
- Tan, X., Pan, J., Zhou, D., Wang, C., & Xie, C. (2007). HIV/AIDS knowledge, attitudes and behaviors assessment of Chinese students: a questionnaire study. *International journal of environmental research and public health*, 4(3), 248-253.
- Thapa KB, Chand SB. (2018). Knowledge and awareness about sexually transmitted infections among higher secondary school students in Bajhang, Nepal. *MOJ Public Health*, 7(3), 101–106. Doi: 10.15406/mojph.2018.07.00213
- The American College of Obstetricians and Gynecologists. (2011). *Frequently asked questions*. FAQ054. *Gynecologic problems: Genital herpes*. Retrieved from: http://www.acog.org/~/media/For%20Patients/faq054.pdf?dmc=1&ts=20120718T 1711285085
- Torrone E, Papp J, Weinstock H. (2014). Prevalence of *Chlamydia trachomatis* genital infection among persons aged 14–39 years *United States*, 2007–2012. *MMWR* 2014; 63(38): 834–838.
- Trajman A, Belo MT, Teixeira EG, Dantas V, Salomão FM, Cunha AJ. (2003). Knowledge about STD/AIDS and sexual behavior among high school students in Rio de Janeiro, Brazil. *Cadernos de Saúde Pública*. 19: 127-133
- UNAIDS, W.H.O., (2005). AIDS Epidemic Update, Asia: December 2005. Geneva: The Joint United Nations Program on HIV/AIDS and the World Health Organization.
- UNAIDS. (2016). Political declaration on HIV and AIDS: on the fast-track to accelerate the fight against HIV and to end the AIDS epidemic by 2030. New York (NY): United Nations General Assembly. Retrieved from: http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-H IV-AIDS.
- UNICEF. (2002). Joint United Nations Programme on HIV/AIDS: Young people and HIV/AIDS: opportunity in crisis. Retrieved from: http://www.unaids.org/sites/default/files/media%5fasset/youngpeoplehivaids%5fe n%5f0.pdf.
- Upreti, D., Regmi, P., Pant, P., & Simkhada, P. (2009). Young people's knowledge, attitude, and behaviour on STI/HIV/AIDS in the context of Nepal: A systematic review. *Kathmandu University Medical Journal*, 7(4), 383-391.
- U.S. Food & Drug Administration. (2015). *FDA approves Epclusa for treatment of chronic Hepatitis C virus infection*. Retrieved from: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm508915.ht m.

- Utusan Sarawak. (2015). *Gonorrhea semakin membimbangkan*. Retrieved from: <u>http://www.utusansarawakonline.com/news/23865/Gonorrhea-</u> <u>semakinmembimbangkan/</u>
- Van Der Pol, B., Williams, J. A., Orr, D. P., Batteiger, B. E., & Fortenberry, J. D. (2005). Prevalence, incidence, natural history, and response to treatment of Trichomonas vaginalis infection among adolescent women. *Journal of Infectious Diseases*, 192(12), 2039-2044.
- Viswanath, K., Karen Glanz., Barbara. K. R. (2008). *Health Behavior and Health Education: theory, research, and practice*. John Wiley & Sons.
- Walker, J., Tabrizi, S. N., Fairley, C. K., Chen, M. Y., Bradshaw, C. S., Twin, J., ... Hocking, J. S. (2012). Chlamydia trachomatis incidence and re-infection among young women--behavioural and microbiological characteristics. *PloS One*, 7(5), e37778.
- Ward, H., & Rönn, M. (2010). The contribution of STIs to the sexual transmission of HIV. *Current Opinion in HIV and AIDS*, 5(4), 305.
- Weller S, Davis K. (2002). Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev;* 1:CD003255.
- Wells, B. E., Kelly, B. C., Golub, S. A., Grov, C., & Parsons, J. T. (2010). Patterns of alcohol consumption and sexual behavior among young adults in nightclubs. *The American Journal of Drug and Alcohol Abuse*, 36(1), 39-45
- Wheldon, C., Daley, E., & Buhi, E. (2012). Gay and bisexual men's human papillomavirus vaccine intentions: A theory-based structural equation analysis. *Journal of Health Psychology*, 18(9), 1177-1186
- Witte, S. S., Batsukh, A. & Chang, M. (2010) Sexual risk behaviors, alcohol use, and intimate partner violence among sex workers in Mongolia: implications for HIV prevention development. *Journal of Prevention and Intervention in the Community* 38, 89–103.

Women Aid Organisation (WAO). (2011). Retrieved from: http://www.wao.org.my.

- Wong WC, Lee A, Tsang KK, Lynn H. (2006). The impact of AIDS/Sex education by schools or family doctors on Hong-Kong Chinese adolescents. *Psychol Health Med.* 11(1), 108-16.
- Wong, L.P., Chin, C.K.L., Low, W.Y., et al. (2008): HIV/AIDS-related knowledge among Malaysian young adults: findings from a nationwide survey. *Medscape J. Med.*, 10, 148.
- Wong. (2012). An exploration of knowledge, attitudes and behaviours of young multiethnic Muslim-majority society in Malaysia in relation to reproductive and premarital sexual practices. *BMC Public Health 12*, 865.
- Wood K and Aggleton P. (2002). Promoting young people's sexual and reproductive health: stigma, discrimination and human rights, Retrieved from

http://hivhealthclearinghouse.unesco.org/library/documents/promoting-young-peoples-sexual-and-reproductive-health-stigmadiscrimination.

- World Health Organization. (2012). Baseline report on global sexually transmitted infection surveillance 2012. Retrieved from www.who.org
- World Health Organization. (2012). Global Incidence and Prevalence of Selected Curable Sexually Transmitted Infections—2008, Geneva: WHO.
- World Health Organization. (2013). *Baseline report on global sexually transmitted infection surveillance 2012*. Geneva, Switzerland: WHO.
- World Health Organization. (2016). Sexually Transmitted Infections (STIs). Retrieved from http://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-( stis).
- World Health Organization. (2018) Licence: CC BY-NC-SA 3.0 IGO] *Report on global sexually transmitted infection surveillance*, 2018. Geneva: WHO. Retrieved from https://www.who.int/reproductivehealth/publications/stis-surveillance-2018/en/
- World Health Organization. (2019). Sexually Transmitted Infections (STIs). [updated June 2019]. Retrieved from https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)
- World Health Organization. (2020). Massive proportion of world's population are living with herpes infection. *Department News*. Retrieved from https://www.int/news-room/detail/01-05-2020-massive-proportion-of-world-s-pop ulation-are-living-with-herpes-infection
- Yip PSF, Zhang H, Lam TI, Lam KF, Lee AM, Chan J, Fan S. (2013) Sex knowledge, attitudes, and high-risk sexual behaviours among unmarried youth in Hong Kong. *BMC Public Health*, 13,691.
- Zhang L, Xiaoming Li, Shah IH. (2007). Where do Chinese adolescents obtain knowledge of sex? Implications for sex education in China. *Health Education*. 107(4), 351-63.
- Zhang, D., Pan, H., Cui, B., Law, F., Farrar, J., & Ba-Thein, W. (2013). Sexual behaviors and awareness of sexually transmitted infections among Chinese university students. *The Journal of Infection in Developing Countries*, 7(12), 966-974.
- Zin N., Ishak I., Manoharan K. (2019). Knowledge, attitude and practice towards sexually transmitted diseases amongst the inmates of women shelters homes at Klang Valley. *BMC Public Health*, 19(4), 639. Retrieved from: https://doi.org/10.1186/s12889-019-6863-5
- Zulkifli, S. N., & Wong, Y. L. (2002). Knowledge, attitudes and beliefs related to HIV/AIDS among adolescents in Malaysia. *The Medical Journal of Malaysia*, 57(1), 3–23.