

Sexually Transmitted Diseases Among Patients Admitted in Different Health Agencies of Ilocos Sur

ELOIDA B. GUCE

Abstract

This study looked into the personal characteristics and health practices of adult patients who were medically diagnosed with sexually transmitted diseases (STD) and were referred to and admitted in selected hospitals, rural health unit, and Philippine National Red Cross of Ilocos Sur.

Data were gathered through the accomplished questionnaire checklist distributed to 36 STD patients previously referred to and confined in the selected health agencies. These were supplemented by their medical records. The data were analyzed through frequency counts, percentages, means, and chi-square.

Findings show that there was a predominance of STD among the respondents who were 21-30 years old, male, single with an outgoing personality, straight man in gender, and peddlers. Gonorrhea was the prevalent STD type that afflicted them. The respondents often drank beer, liquor or hard wine; occasionally smoked cigarette/tobacco; and sought medical check-up. They were often observed for signs and symptoms of rectal bleeding, itching or pain, and genital discharges; and occasionally performed perineal/genital care before and after sexual intercourse. They seldom used condom during sexual intercourse. In terms of sexual acts, they always preferred vaginal intercourse and seldom engaged in oral and anal sex. The respondents seldom exchanged money for sex, however, they occasionally exchanged sex for money. Occasionally, too, but they used drugs before casual sex contact, they did not submit themselves either for HIV antibody test or blood transfusion.

Among the personal characteristics, only sex was found significantly related to the occurrence of sexually transmitted diseases. However, their personal attributes did not show significance to their health practices.

Introduction

Background of the Study

Sexually transmitted diseases (STD) are escalating cause of morbidity with peak incidence for females within the age bracket 16-24 years and for males within the age bracket of 20-30 years. A high index of suspicion is essential to identify those at high risk for sexually transmitted diseases in the absence of an established screening program.

The range of diseases spread through sexual activity continues to increase and is now representing one of the major health problems in the world today. Thus, infection is impossible to trace particularly as women may exhibit few symptoms of venereal diseases and it is still worse in the Far East like Vietnam. These diseases have left their mark throughout the centuries and they continue to affect multitudes today.

Little is known about men who had personal sexual relationships with prostitutes. In most parts of the world, the sale of sexual services is unknown, thus, the population is hidden and studies rely upon captive guys. Samples are frequently drawn from women arrested, incarcerated, or undergoing treatment. Furthermore, morally upright and younger women are more accessible to research and public health interventions since they work more visibly, for example, on streets or in easily defined urban areas. Male homosexuality and unsupervised prostitution in both sexes provide further sources of infection.

According to news experts the situation is gradually going from bad to worse. The advent of Human Immunodeficiency Virus (HIV) infection and Acquired Immune Deficiency Syndrome (AIDS) has highlighted the importance of good control programs for the sexually transmitted diseases. In general, those countries with an efficient service for treating these diseases have found it easier to control the HIV-AIDS epidemic.

According to the World Health Organization (WHO), a total of 19.5 million people have been infected with HIV, since the epidemic started. The number of cases is fast increasing in Asia, as gleaned from their records of 30,000 in 1993 to 250,000 in 1994. It was estimated that 90% of the new infections in year 2000 occurred in developing countries including the Philippines. As of January 1, 2000, 336 cases of HIV were reported in the Philippines, the third lowest infection rate in Southeast Asia behind Laos and Singapore. As cited by the Philippine Daily Inquirer (2000), the death of Sarah Jane Salazar, a well known former commercial sex worker, brought to at least 204 the number of people who have died of AIDS in the Philippines since the first case was reported in 1984. Health officials said that in 1999 about 35,000 people were infected with HIV. This figure was projected to rise to 45,000 in year 2000.

At the bottom line, there are very good reasons to believe that there are more cases of HIV infection and AIDS than are reported to the Department of Health (DOH). First, when HIV infection becomes full blown AIDS, it may be diagnosed as the disease to which a deficient immune system has succumbed. It could be pneumonia, tuberculosis, fungal infection, kaposi's sarcoma and others. And AIDS could be

diagnosed wrongly because the manifestations are the same as the symptoms of common ailments, which are usually treated. Second, there is a social stigma attached to AIDS and families report any disease other than AIDS as the cause of death because this is the culture of the Filipinos.

In the Philippines AIDS has come out into the open heterosexual world from the underground world of gays. AIDS affects Filipino heterosexuals as well as homosexuals, blood donors, professionals, students, children and adults.

It is obvious that there is a need for more surveillance and testing for people in other parts of the country and not just specific groups.

The emphasis on high risk groups is a dangerous assumption because there are non-prostitutes whose sexual behavior may also be high risk, like those who have multiple sex partners, both males and females. In the Philippines, a conservative, Catholic country, little is known about general sexual behavior. It is not known, for example, if anal sex is practiced by people other than homosexuals; multiple partners are also very much a part of the macho culture. A youth's first sexual experience may be with a prostitute. Sex is not uncommon at stag parties. And some men travel abroad and have sex with a foreigner, which is apparently an attraction. There are many Filipino sex workers in Africa where AIDS has reached epidemic proportions. And there are many Filipino sex workers abroad. Merchant seamen ply the risk ports of the West. All these Filipinos, at one time or another, go back home (Day and Word, 1994-1995).

In view of the prevailing problem related to STD and its strong societal implications, it is very important to find out measures to control, if not eradicate, these diseases.

Today, prevention through public information is still the key to control the spread of AIDS. To date there is no proven drug to eliminate the virus from the body. The best anti-AIDS drug available, so far, only delays its onset or reduces its effects. Thus, this study was very relevant in the dissemination of information on the danger of STD in the life of the rural and urban folks in the province of Ilocos Sur. Likewise, this study would become an eye opener on how the population of the province would react and take an effective and continuous measure in the prevention of STD, a world-wide phenomenon globally accepted as a big dilemma in the medical profession.

It is hoped that through this study, the infected person will have insights on the indispensable role of health assessment in controlling, preventing, and minimizing its complications.

Sexually transmitted disease is an entirely preventable disease and this study aimed to at least minimize the complications of the disease through education of the patients, their families, public, and health workers.

Statement of the Problem

This study aimed to determine the factors affecting the type of sexually transmitted diseases among patients in different health agencies of Ilocos Sur.

Specifically, it attempted to answer the following questions:

1. What is the profile of the respondents in terms of personal characteristics such as sex, age, civil status, personality, place of work/job and gender identity?
2. What are the types of sexually transmitted diseases acquired by the respondents?
3. What is the extent of the health-related practices of the STD patients in terms of lifestyle, personal hygiene, and sexual preference?
4. Is there a significant relationship between the STD acquired and the personal characteristics of the respondents?
5. Is there a significant relationship between the respondents' personal characteristics and the health-related practices along lifestyle, personal hygiene, and sexual preference?

Scope and Delimitation of the Study

This study was delimited to the personal characteristics and health practices of the sexually transmitted disease (STD) adult patients admitted in selected hospitals, rural health units, and Philippine National Red Cross of Ilocos Sur.

Investigations involved a review of records of the different hospitals like Rabara Clinic and Hospital, Holy Family Hospital, Candon, Ilocos Sur, Magsingal District Hospital, Philippine National Red Cross, and Rural Health Units of San Juan, Magsingal, Sto. Domingo, Narvacan, San Esteban, Santiago, and Candon, Ilocos Sur.

The respondents included in this study were those diagnosed with STD by medical practitioners in the abovementioned health agencies. The personal characteristics of the respondents were age, sex, civil status, personality, and place of work/job, and the health-related practices included personal hygiene, lifestyle, and sexual preference.

Review of Literature

Local, national, and international studies were used to help the researcher conceptualize her study.

High levels of STD are continuously reported among groups of prostitutes in all parts of the world. In Honduras, 24 had Chylamydia trachomatis infections. Of

particular concern to women is the potential of HIV infection, with neisseria, gonorrhea, or chlamydia trichomatic infection.

AIDS is an acquired immune deficiency syndrome, a severe disease caused by the human immunodeficiency virus or HIV that permanently disables the body's immune system leaving a person defenseless against a variety of unusual life-threatening illness.

HIV/AIDS transmission occurs through sexual contact. This means that through sexual intercourse (vaginal or anal) with an infected person, transition through intercourse can take place between man and woman or between man and another man. Anal intercourse is the most dangerous behavior; HIV can be passed during oral or genital sex and possibly oral anal sex.

Another means of HIV/AIDS transmission is through blood contamination. This happens when HIV (AIDS virus) gets directly into the blood stream. Transfusion or contaminated blood or blood products can transmit HIV. If all donated blood is screened, transfusion related infections would become extremely rare. Giving blood poses no risk to the donor, as long as a sterile needle is used. According to Holmes, "STDs are most common during adolescence and earlier adulthood, the ages of greatest sexual activity."

Definitely, a few weeks after becoming infected with HIV some people develop symptoms like those of flu or fatigue, headache, fever, sore throat, lymphadenopathy (enlarge lymph nodes), and sweating. The data from industrialized countries show that 60% of adults will progress AIDS within 12 years after becoming infected with HIV. *HIV* is so deadly because it attacks the body's immune system. Specifically, HIV attaches itself to a protein molecule called CD4 found on the surface of T4 cells, also known as helper T cells, T4 lymphocytes, or CD4 lymphocytes. Once the virus enters the T4 cells, it inserts its genetic materials called provirus into the T4 cells also known as helper T cells which play a vital role in our cellular immune system because they identify invading pathogens (disease causing organisms). After identifying the invader, T4 cells send messages to other parts of the immune system to produce antibodies and to mobilize attacks on the disease causing agents. Without T4 cells, the body's immune system does not make antibodies. Neither are new T8 cells produced to destroy infected cells. Eventually, AIDS develops because HIV has weakened the immune system.

Increasing global travel and migration, rapid population growth, and urbanization create conditions for the sexually transmitted virus to spread swiftly.

From 1984 to 1997, the reported modes of transmission were mostly through heterosexual contact followed by homosexual contact, bisexual contact, blood infection, injected drugs, needle prick injuries, and infection during birth. The registry notes that the age group at highest risk for both sexes was 20-39 years old. This age group is considered to be the most productive and presumably the most sexually active. Most of the reported I-UV/AIDS cases are symptomatic, i.e., there is no other way of knowing the presence of the HIV virus than through blood tests and medical diagnosis. The high incidence of AIDS among homosexuals is a well known fact. Apparently their practice of oral intercourse makes them highly susceptible to the disease. The sum of the AIDS

infected person contains the active AIDS virus which passes into the recipient's blood through the small wounds in the rectum spreading the diseases. Given the habitual promiscuity among homosexuals, it is obvious why the illness has spread so swiftly among them.

In Uganda, Dorothy Arungai said that female genital mutilation exposed young girls to the risk for the use of crude and unsterilized tools for cutting could spread infection among the initiates. Infections of the genitourinary tract and vaginal canal may also result from the use of unhygienic cutting instruments and an antiseptic paste made of dung egg whites or milk in the skin because of the discharges that enable the virus to live longer until it is carried inside the body. Moreover, cutting and sewing up the genitals result to very painful intercourse so that most wives encourage their husbands to seek the services of sex workers in order to spare them from the ordeal, Arungai added.

The reports of HIV or AIDS in the Philippines date back to 1984 and mainly involved women sex workers in areas near the former US Military Bases. Most of the tests were done among sex workers in these areas, thus, there are tendencies to associate HIV/AIDS in the Philippines primarily with the US Military Bases.

The most common neurologic complication of HIV is a progressive demeaning illness that develops during the late systemic infection (AIDS). In the early stage of AIDS dementia complex, patients may appear normal, but a detailed neurologic examination will reveal two important diagnostic clues. First is the primary central nervous system lymphoma. This is the second most CNS mass lesion in AIDS patient and it appears to have an increasing incidence. In roughly 50% of cases, patients complain of headache, confusion, lethargy, personality change, or memory loss. Second is opportunistic meningitis. Numerous opportunistic infections and neoplastic agents can cause meningitis in HIV infections.

The AIDS virus is very virulent because it also affects man's brain. An example of this was the case of Sarah Jane Salazar, a health educator of the Department of Health and formerly commercial sex worker, who was confined in the National Center for Mental Health for manic depression. Later, she was admitted to the Bahay Lingap, the San Lazaro Hospital's ward for AIDS victims or residence for people with HIV-AIDS. She was the last death victim of AIDS to date.

Conceptual Framework

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Figure 1 presents the variables included the study. The conceptual paradigm shows the type of sexually transmitted diseases and health-related practices of STD adults patients as affected by their personal characteristics.

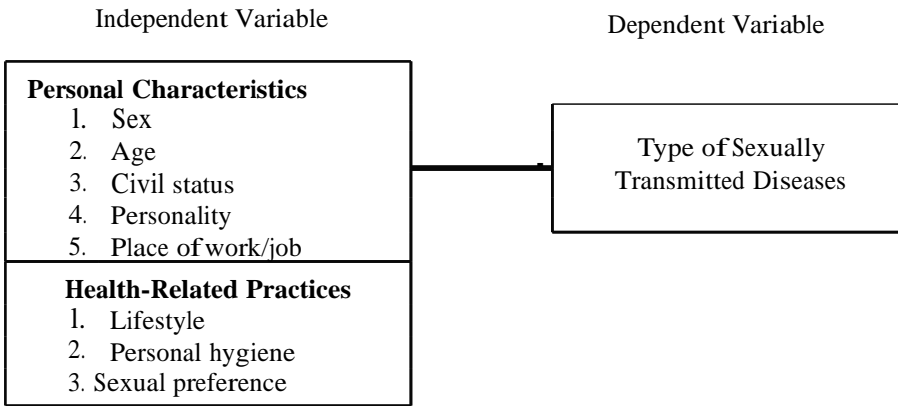


Fig. 1. The conceptual paradigm.

Operational Definition of Terms

For better understanding of this study, the following terms were defined as they were used in the study.

Sex. This refers to the physical distinction of the respondents, whether male or female.

Age. This refers to the particular age of the respondents at the time the study was conducted.

Civil status. This tells whether the respondent is single, married, widow, or separated.

Personality. This refers to the outward expression of inner self.

Place of work. This refers to the location where the individual worked such as beauty parlor, disco, or pleasure houses.

Health-related practices. These refer to health activities which the respondents customarily do such as life style, personal hygiene and sexual preference.

Sexually transmitted diseases. They are highly communicable diseases, spread through sexual or genital contact such as gonorrhoea, syphilis, AIDS.

Health agencies. These refer to the institutions that render health services such as clinics, hospitals, rural health units (RHU), and the Philippine National Red Cross (PNRC).

AIDS (Acquired Immune Deficiency Syndrome). Severe disease caused by human immune deficiency virus that permanently disables the body's immune system leaving a person's defenses weakened against a variety of unusual, life threatening illness.

HIV. This term refers to the immune deficiency virus that causes AIDS.

Choncroid. It is a filth disease, which occurs in unclean person and is transmitted by sexual intercourse. It is characterized by a wound or ulcer in the genitalia that is soft and spreads rapidly.

Gonorrhoea. This refers to the acute infectious disease characterized by a discharge of pus in the genital organs. It is treated with antibiotic.

Syphilis. A chronic often congenital disease and if untreated, the disease may result in the degeneration of many organs and tissues of the body.

Hypotheses

1. There is a significant relationship between the type of sexually transmitted diseases and the following personal factors: sex, age, civil status, personality, and place of work/job.

2. There is a significant relationship between the personal characteristics of STD patients and their health-related practices, namely: lifestyle, personal hygiene, and sexual preference.

Methodology

Research design. The researcher utilized the descriptive survey method of research to gather pertinent data regarding the factors affecting the type of STDs among adult patients admitted in the clinics, hospitals, and different health agencies in Ilocos Sur.

Data gathering instrument. Questionnaire-checklist was utilized in this study. It consisted of two parts. Part I consisted of items that elicited the respondents' personal data and gender identity. Part II consisted of a checklist on health-related practices such as lifestyle, personal hygiene, and sexual preferences.

The said items were marked with the use of a four-point scale as follows:

Category	Score
Always	4
Often	3
Occasionally	2

Seldom	1
Never	0

Data gathering procedure. The researcher sought permission from the hospital chief of Gabriela Silang General Hospital (GSGH), from the Philippine National Red Cross (PNRC), Ilocos Sur the administrator and owner of Rabara Clinic and Hospital, the administrator of Holy Family Hospital, Candon, Ilocos Sur and municipal health officers of other rural health units of Ilocos Sur. The questionnaires were distributed to the respondents and the data collectors guided them individually. A questionnaire checklist was distributed to the physicians who handled, examined, and physically checked up the patients. These served as secondary respondents.

Population and sample. There were 36 respondents of this study. These were patients who were medically diagnosed with sexually transmitted diseases admitted into the different clinics, hospitals, rural health centers, and the PNRC of Ilocos Sur.

Statistical treatment of data. After the tabulation of all data gathered, the following statistical treatments were used to analyze and interpret them.

- I. Frequency counts and percentages were used to describe the profile of the STD patients in terms of personal characteristics and gender identity of respondents.
2. Means were computed to determine the extent of the health-related practices of the individual respondents in terms of life style, personal hygiene and sexual preference.

Discussion of Results

This chapter presents, analyzes, and interprets the data gathered from the respondents through a questionnaire-checklist as the main instrument. These data were tallied, summarized, and presented in tabular and textual forms.

Profile of the Respondents

Personal Characteristics. Table I presents the distribution of the STD patients in terms of sex, age, civil status, personality, place of work/job, and gender identity.

Sex. Majority of those affected with the STDs were male (77.78%); only 22.22% were female. This implies that males who worked as drivers or watchers in restaurants and beerhouses could have contracted the disease because of the influence of their place and nature of work.

Table 1. Distribution of respondents according to their personal characteristics.

VARIABLE	NO.	%
Ser		
Male	28	77.78
Female	8	22.22
Age (years)		
21–30	20	55.56
31--40	11	30.56
41–50	2	5.56
51–60	1	2.78
61–70	2	5.56
Civil status		
Single	18	50.00
Married	16	44.44
Scparated	2	5.56
Personality		
Outgoing	30	83.33
Homebody	6	16.67
Place of work		
None (Peddlers)	10	27.78
Sauna Bath	3	8.33
Restaurants	3	8.33
Hospitals	3	8.33
Bcerhouse/Pleasure houses	7	19.44
Transportation	4	11.11
Business	3	8.33
Farming/Fishing	3	8.33
Gender identity		
Heterosexual		
Straight woman	7	19.44
Straight man	26	72.22
Homosexual	2	5.56
Lesbian	1	2.78

Age. Out of 36 respondents, majority (55.56%) were 21-30 years old; 30.56% were 31-40 years old; 11.12% each were 41-50 and 61-70 years old; and 2.78% were 61-70 years old; This implies that ages 21-30 are mostly affected with sexually transmitted diseases. This finding confirms partly the study of Holmes (1984) that sexually transmitted diseases are most common during adolescence and early adulthood, the ages of greatest sexual activity. At this age bracket both men and women are most active and attractive and are likely to be preferred as entertainers in the different establishments, thus, making them predisposed to such diseases.

Civil status. Half of the respondents (50%) were single, followed by the married ones (44.44%) and separated (5.56%). *This* implies that the single individuals

are more free to roam around and tend to become more adventurous than the married men, and perhaps have the feeling of freedom to do anything they like because they are not tied down by marriage, and have lesser responsibility to think of.

Personality of respondents. Majority of the respondents were outgoing/extrovert (83.33%); only (16.67%) were homebody. This finding could be due to the fact that majority of the respondents were male who had jobs that brought them to different places, thus, they tend to develop better personal relations with anybody, which makes them outgoing or easy to get along with.

Place of work. Among 36 respondents 27.78% were peddlers. Because of the nature of their work, they tend to be adventurous and try to explore or experiment, even in places where sex is exchanged for money, thus, make them susceptible to STD. Seven (19.44%) of the respondents worked in the beerhouses; 11.11% worked in transportation services; and 8.33% each worked in the hospitals, sauna baths, restaurants, farms, and engaged in business ventures.

Gender identity. Most of the male respondents (72.22%) considered themselves as straight men who long to have a partner of the opposite sex and 19.44% of the female respondents considered themselves as straight women. Only 5.56% considered themselves a homosexual and 2.78%, a lesbian.

Type of Sexually Transmitted Diseases

Most of the respondents (44.44%) were afflicted with gonorrhea (Table 2). The others are afflicted with hepatitis (27.78%), syphilis (16.67%), and genital herpes (11.11%). This implies that among the STD gonorrhea is the most prevalent and can easily be transmitted from one person to another through sexual contact

Table 2. Distribution of respondents according to the type of sexually transmitted diseases they acquired.

TYPE OF STD	NO.	%
Gonorrhea	16	44.44
Syphilis	6	16.67
Hepatitis	10	27.78
Genital herpes	4	11.11
Total	36	100.00

Extent of Health-Related Practices

Table 3 shows the mean ratings garnered by the respondents depicting their health-related practices in terms of life style, personal hygiene, and sexual preference.

Table 3. The extent of health-related practices among the STD patients

HEALTH-RELATED PRACTICE	MEAN	DR
Life style		
1. Smoking cigarette/tobacco	1.96	Occasionally
2. Drinking beer, liquor or hard wine	2.48	Often
3. Seeking medical check-up	1.31	Occasionally
Personal hygiene		
1. Performing perineal care/genital care before sexual intercourse	1.57	Occasionally
2. Performing perineal or genital care after sexual intercourse	1.62	Occasionally
3. Using condom during sexual intercourse	1.08	Seldom
4. Observing signs and symptoms of rectal bleeding, anal itching or pain, and genital discharges	2.50	Often
Sexual preference		
1. Engaging in oral sex	0.86	Seldom
2. Engaging in anal sex	0.92	Seldom
3. Engaging in vaginal intercourse	3.21	Always
4. Using drugs before sex	1.65	Occasionally
5. Having casual sex contact	2.00	Occasionally
6. Exchanging sex for money	1.93	Occasionally
7. Exchanging money for sex	0.32	Seldom

Lifestyle. The STD patients were found to be drunkards as evidenced by their lifestyle of drinking beer, liquor or hard wine "often" ($\bar{X}=2.48$). They "occasionally" smoked cigarettes and or tobacco ($\bar{X}=1.96$). Despite having such unhealthy practices that would predispose them to certain ailments, they "occasionally" ($\bar{X}=1.31$) sought medical check-up. Such practices were very evident among the respondents maybe because they were not so busy and they took in wine and smoked cigarettes during their leisure time.

Personal hygiene. They "often" ($\bar{X}=2.5$) observed signs and symptoms of rectal bleeding, anal itching or pain, and genital discharges, the presence of which are indicative of sexually transmitted diseases. The patients "occasionally" performed perineal care/ genital care before ($\bar{X}=1.57$) and after ($\bar{X}=1.62$) sexual intercourse. Although the respondents were sexually active, they "seldom" ($\bar{X}=1.08$) used condom during their sexual intercourse with their partners.

– **Sexual preference.** The patients "always" engaged in vaginal intercourse ($X=3.21$) which is the most common method of heterosexual intercourse. They "occasionally" engaged in casual sex contact ($X=2.0$); had sex in exchange for money ($X=1.65$), or used drugs before sex ($X=1.65$). They "seldom" engaged in anal ($X=0.92$) and oral sex ($X=0.86$), or exchanged money for sex ($X=0.32$).

Table 4 presents other health-related practices of the STD patients in terms of their exposure to HIV antibody test, blood-transfusion, and last sexual contact.

Table 4. Other health-related practices of STD patients.

HEALTH-RELATED PRACTICE	NO.	%
Submission for HIV Antibody Test		
Yes	2	5.56
No	15	41.66
No Response	19	52.78
Submission for Blood Transfusion for the past 5 years		
Yes	6	16.67
No	15	41.67
No response	15	41.67
Last sexual contact		
A month ago	16	16.67
A day ago	5	13.89
No response	25	69.44

Majority (52.78%) of the respondents did not give their response on submitting themselves for HIV Antibody Test but 41.66% disclosed that they did not undergo such a test. Only two (5.56%) underwent an HIV Antibody Test. This finding may imply that patients who are afflicted with STD lacked knowledge, proper attitude, advice, and resources on the value of laboratory test as means of detecting early the presence of HIV infection and other sexually transmitted microorganisms.

On the other hand, blood transfusion is one of the vehicles by which an individual can transmit or acquire STD causative microorganisms. Many respondents 41.67% never received any blood infusion for the past five years. The same fraction did not respond to this item. But 16.67% received blood through transfusion during the past five years. This may imply that some of the STD patients could have acquired microbial infection via blood transfusion.

In terms of last sexual contact, majority (69.44%) of the respondents did not give a response; 16.67% had sexual contact a month ago; and 13.89% had sexual contact a day ago. This finding implies that many respondents are still sexually active although they were afflicted with sexually transmitted diseases.

Relationship Between the Personal Characteristics and the Sexually Transmitted Diseases Acquired

Among the personal characteristics of STD patients correlated to sexually transmitted diseases acquired by the respondents, only sex of the respondents (predominantly male) was significantly related to the STD acquired. This could be due to the fact that male respondents are more adventurous, had more carefree attitude towards sex, and traveled to different places because of the nature of their work as vehicle drivers, and peddlers. Age, civil status, and place of work of respondents, were not significantly related to the type of disease acquired. This implies that whether a person is young or old, married or single, has a blue collar job or is a professional, if he engages in sexual intercourse or has promiscuous behavior toward sex with a person who has STD virus especially AIDS, he is liable to contract sexually transmitted diseases.

Table 5. Relationship between the personal characteristics of STD and the sexually transmitted diseases they acquired.

VARIABLE	VALUE OF X	TABULAR VALUE	DECISION	INTERPRETATION
Sex	10.82	5.99	H ₀ is rejected.	Significant
Age	1.66	5.99	H ₀ is accepted.	Not Significant
Civil status	1.9018	5.99	H ₀ is accepted.	Not significant
Personality	5.96	5.99	H ₀ is almost rejected.	Almost Significant
Place of work	6.93	7.81	H ₀ is accepted.	Not Significant

The personality of the respondents was almost significantly related to the STD acquired. This implies that the outgoing individuals are affected most because they are more open, more aggressive, and are not afraid to meet anyone especially the female sex, thus, they have the tendency to have more romantic flings and to experiment in sex.

Relationship Between the Respondents' Personal Characteristics and Health-related Practices

Table 6 shows the relationship between the respondents' personal characteristics and their lifestyle. It shows that none of the personal characteristics of the STD patients was significantly related to their lifestyle. This implies that both male and female maybe infected with STD because the causative organism of sexually transmitted diseases is highly communicable when acquired especially if one has contracted it from a sexually active individual. Although one had practiced safe measures or had sexual contact only once a month, if he/she had contracted the STD virus from an STD-active individual he can positively get or acquire the disease, especially if not seen and treated early by a physician.

Table 6. Relationship between the personal characteristics of STD patients and their lifestyle.

VARIABLES	VALUE OF X'	TABULAR VALUE	DECISION	INTERPRETATION
Sex	5.15	5.99	H, is accepted.	Not significant
Age	2.12	5.99	H, is accepted.	Not significant
Civil Status	0.69	5.99	H, is accepted.	Not significant
Personality	3.52	3.84	H, is accepted.	Not significant
Place of Work	1.09	3.84	H, is accepted.	Not significant

Personal hygiene. Table 7 presents the relationship between the respondents' personal characteristics and their personal hygiene. It indicates that personal hygiene was not significantly related to the personal characteristics of STD patients. Whether personal hygiene is practiced or not, susceptibility of the respondents still prevails because of the characteristics or nature of the STD virus which can be acquired during intimate sexual contacts of individuals.

Table 7. Relationship between the personal characteristics of STD patients and their personal hygiene.

VARIABLE	VALUE OF X'	TABULAR VALUE	DECISION	INTERPRETATION
Sex	3.16	3.84	H, is accepted.	Not significant
Age	1.28	3.84	H, is accepted.	Not significant
Civil Status	1.13	3.84	H, is accepted.	Not significant
Personality	3.26	3.84	H, is accepted.	Not significant
Place of Work	0.80	3.84	H, is accepted.	Not significant

Sexual preference. Table 8 shows the relationship between the personal characteristics and sexual preference of the respondents. It shows that there was no significant relationship between the STD patients' personal characteristics and sexual preference.

Table 8. Relationship between the personal characteristics of STD patients and their sexual preference.

VARIABLE	VALUE OR X'	TABULAR VALUE	DECISION	INTERPRETATION
Sex	.16	3.84	H, is accepted.	Not significant
Age	.63	3.84	H, is accepted.	Not significant
Civil Status	.63	3.84	H, is accepted.	Not significant
Personality	2.28	3.84	H, is accepted.	Not significant
Place of Work	1.18	3.84	H, is accepted.	Not significant

Summary of Findings

This study investigated the relationship between the type of sexually transmitted diseases that afflicted the patients and their personal characteristics and health-related practices. The primary instrument used in the study was a questionnaire, checklist, distributed to the STD patients and their doctors.

Respondents' Personal Characteristics

The majority (77.78%) of the respondents afflicted with sexually transmitted diseases were male. Most of them (55.56%) were 21-30 years old; 50% were single; and 83.33% had an outgoing personality. They worked in different places. Over one-fourth of them (27.78%) were peddlers and others worked in beerhouses or pleasure houses, transportation services, restaurants, sauna baths, hospitals, business and fanns. Majority (2.22%) of the male respondents claimed they were straight men who longed for female partners.

Type of STD

The most prevalent type of STD that afflicted the respondents was gonorrhea (44.44%) followed by hepatitis with (27.78%), syphilis (16.67%), and genital herpes (11.11%).

Extent of Health-related Practices

Lifestyle. The respondents "often" drank beer, liquor or hard wine ($\bar{X} = 2.48$); and "occasionally" smoked cigarette or tobacco ($\bar{X} = 1.96$) or sought medical check-up ($\bar{X} = 1.31$).

Personal hygiene. They "often" observed signs and symptoms of rectal bleeding, anal itching or pain, and genital discharges ($\bar{X} = 2.50$); "occasionally" performed perineal/genital care before ($\bar{X} = 1.57$) and after ($\bar{X} = 1.62$) intercourse; and "seldom" used condom during sexual intercourse ($\bar{X} = 1.08$).

Sexual preference. They "always" engaged in vaginal intercourse ($\bar{X} = 3.21$) but "seldom" engaged in anal ($\bar{X} = 0.92$) and oral ($\bar{X} = 0.86$) sex. They "occasionally" used drug before having sex ($\bar{X} = 1.65$); had casual sex contact ($\bar{X} = 2.00$) and exchanged sex for money ($\bar{X} = 1.93$) but "seldom" exchanged money for sex ($\bar{X} = 0.32$).

Other health practices. Only 5.56% submitted themselves for HIV Antibody Test; 41.67% received blood transfusion; and had their last sexual contact a month (16.67%) or a day (13.39%) before the study was conducted.

Relationship Between STD and Personal Characteristics of Respondents

The occurrence of sexually transmitted diseases was significantly influenced by sex ($\chi^2 = 10.82$) and almost significantly related to personality.

Relationship Between Personal Characteristics and Health Practices

Personal characteristics in terms of sex, age, civil status, personality and place of work had no significant influence on the STD patients' kind of lifestyle, personal hygiene, and sexual preference.

Conclusions

Based on the foregoing findings, the following conclusions were arrived at

1. The adult patients in Ilocos Sur who are afflicted with Sexually Transmitted Diseases are 21-30 years old, male, single with an outgoing personality, straight man/woman, and are peddlers.
2. Drinking beer, liquor, or hard wine surfaced as their lifestyle. They often observe signs and symptoms of rectal bleeding, anal itching or pain, and genital discharges as a part of their personal hygiene which serve as their means of detecting the disease.
They also engage in vaginal intercourse but do not submit themselves for Antibody Test and blood transfusion.
3. Sex is significantly related to the type of sexually transmitted diseases, hence, males are more sexually promiscuous and susceptible to sexually-acquired problems.
4. Health practices are not significantly influenced by personal attributes.

Recommendations

1. The provincial government of Ilocos Sur, responding to its role in implementing the local government code, should take appropriate and immediate actions to prevent and if possible eradicate the occurrence of sexually transmitted diseases.
2. The respondents, being the primary concern of this study should have self-discipline and avoid sexual contact with those who have possibly acquired STD. They should undergo continuous medical treatment and help maintain the health of their family and their community, giving emphasis on their life style and personal hygiene.
3. The University of Northern Philippines Institute of Nursing should help solve these problems by assigning an extension group to conduct lecture/seminars regarding population education particularly about sexually transmitted diseases. Lectures on STD prevention and related topics should also be included in their students' practice.

4. Public and health education should be undertaken by different groups of health practitioners in the Department of Health.

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