

Enhancing Practices of married couples regarding sexually transmitted diseases

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Abstract: Background: Sexually Transmitted Diseases (STDs) are a major health problem that affects mostly couples, not only in developing but also in developed countries. The study aimed to enhance practices of married couples regarding sexually transmitted disease and used a quasi-experimental design. Setting: at Al-Saff Central Hospital (Obstetrics and Gynecological Clinic) and Dermatological and Venereological Clinic. Sample size: 70 married couples and a purposive sample used in the study .Tools: three tools were used; tool I: Socio- demographic characteristics assessment sheet, tool II: Male practice assessment sheet regarding STDs, tool III: female practice assessment sheet regarding STDs, Results: showed that more than the two third of married couples pre implementing the study have incorrect practices regarding STDs and most of them have a correct practices after implementing the study. Conclusion: most of the married couples pre implementing the study have poor practices regarding STDs, which is improved post implementing the study. Recommendations: design periodic workshop regarding premarital counseling for early detection of STDs.

Keywords: Practices, Married couples, Sexually transmitted diseases.

I. INTRODUCTION

Sexually transmitted infections defined as infections spread by sexual activity, especially vaginal intercourse.. Bacterial STIs include chlamydia, gonorrhea, and syphilis. Viral STIs include genital herpes, HIV/AIDS, and genital warts. Parasitic STIs include trichomoniasis. Symptoms and signs of STIs may include vaginal discharge, penile discharge, ulcers on or around the genitals, and pelvic pain. Some STIs can cause infertility some vaccinations may also decrease the risk of certain infections including hepatitis B and some types of HPV. Most STIs are treatable and curable; of the most common infections, syphilis, gonorrhea, chlamydia, and trichomoniasis are curable, while HIV/AIDS is not curable.(1)

Clearly, messages about safer intercourse as are currently delivered are either not reaching their target group or are not being understood and this is the cause for concern for nurses working with married couples, particularly in areas such as sexual health and adolescent health, married couples have health care needs related to sexuality. The health-care needs that are most obvious are the need for prevention and treatment of all types of infections regarding sexually transmitted diseases. Although provides may have questions related to sexual intercourse, sexual orientation, sexual practices, sexual satisfaction, so the nursing role is a very critical and important for support married couples needs and introducing the specific health education.(2)

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Nursing role aimed to reduce transmission of STIs among married couples through educated the married couples all practices that prevent STDs as the right application of male and female condom that contribute protect the couples during sexual intercourse and nursing role regarding practices of STDs should interested with hygienic care for married couples through applying the correct practice for hygienic care as perineal care for females and care of the genital area and its surroundings for males.(3)

II. SIGNIFICANCE OF THE STUDY

Worldwide In 2023, More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide, the majority of which are asymptomatic, Each year there are an estimated 374 million new infections with 1 of 4 curable STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis. In Egypt remains a low HIV prevalence country with evidence of a concentrated epidemic among people who inject drugs in Cairo and Alexandria. HIV in Egypt remains relatively low (19,000 by the end of 2023) compared to the total population, Egypt is reported to have the fastest growing epidemic in the Middle East and North Africa Region (MENA) by a 76% increase in number of cases between 2012 and 2023.(4)

Aim of the study

The aim of current study was to enhance practices of married couples regarding sexually transmitted disease through the following objectives:-

- 1) Assess married couples' practices regarding sexually transmitted disease (pre and post)
- 2) Apply educational sessions of married couples' practices regarding STDs.
- 2) Evaluate effect of the educational sessions of married couples' practices regarding STDs.

Research Hypothesis:

-The married couples' practices regarding sexually transmitted diseases will be improved after implementing of the educational sessions.

III. SUBJECT AND METHOD

Research design:

A Quasi-experimental research design was used in the current study (selected one group (pre and posttest)).

Setting:

Conducted in Obstetrics and Gynecology Clinic and Dermatological and Venereological Clinic at Al - Saff Central Hospital.

Sampling:

Sample size and technique:

Seventy married couples who attend to Obstetrics and Gynecological clinic, Dermatological and Venereological Clinic at Al-saff Central Hospital for over a period of six months and purposive sample was used in this study.

Tools for data collection:

Three tools were used to collect the data with inclusion criteria (Married couples or one of the couple who attend one of the previous clinics, both or one of the couple diagnosed or under treatment of any type of STDs).

Tool I: Socio-demographic characteristics assessment sheet.

This tool developed by the researcher to cover the married couples' socio demographic characteristics as age, educational level, work status, residence, family income and contact methods.

Tool II: Male Practices assessment sheet.

This tool used to assess male's practices regarding sexually transmitted disease. it consists of two parts.

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Part (1): Male Condom checklist.

This tool is adapted from (WHO, 2018) in English language and translates into a simple Arabic language to assess practice of husbands regarding right application of male condom as preventive methods for sexually transmitted disease. (Pre and posttest)

Scoring system:

Practice obtained from the reported studied husbands were scored and calculated . According the practices, practices were evaluated by the previously mentioned tool (male condom checklist). Each question ranged from (1-2) grades, where done scored (2) and not done scored (1). The items for assessing the practice are 5 items and the total scores are (10) classified into:-

- "Inadequate practice<60%.
- "Adequate practice>60%.

Part (2): Care of the male genital area and its surrounding.

This tool was developed by the researcher in English language and translated into a simple Arabic language to assess male`s practice that applied it for prevention of sexually transmitted infections (Pre and posttest)

Scoring system:

Practice obtained from the studied husbands were scored and calculated. According the practices, practices were evaluated by the previously mentioned tool (care of the male genital area and its surroundings). Each question ranged from (1-2) grades ,where done scored (2) and not done scored (1). The items for assessing the practice are 10 items and the total scores are (20) classified into:-

- "Inadequate practice<60%.
- "Adequate practice>60%

Tool III: Female practice assessment sheet.

This tool to assess women practice regarding sexually transmitted disease. It consists of two parts

Part (1): Female Condom checklist

This tool is adapted from (WHO, 2023) in English language and translated into a simple Arabic language to assess practice of female regarding female condom as a preventive method for sexually transmitted disease. (Pre and posttest) and it consists of 7 items.

This tool was applied during data collections by assistance high qualified female nurse.

Scoring system:

Practice obtained from the studied female was scored and calculated . According the practices, their practices were evaluated by the previously mentioned tool (female condom checklist). Each question ranged from (1-2) grades ,where done scored (2) and not done scored (1). The items for assessing the practice are 7 items and the total scores are (14) classified into:-

- "Inadequate practice<60%.
- "Adequate practice>60%

Part (2): Women' perineal care reported checklist

This tool developed by the researcher in English language and translated into a simple Arabic language to assess mothers' practice that applied it for prevention of STDs. (Pre and posttest)

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Scoring system:

Practice obtained from the studied female was scored and calculated. According to the practice, their practices were evaluated by the previously mentioned tool (perineal care reported checklist). Each question ranged from (1-2) grades, where done scored (2) and not done scored (1). The items for assessing the practice are 11 items and the total scores are (22) classified into:-

- "Inadequate practice <60%.
- "Adequate practice >60% .

Supported materials: as booklet video and powerpoint presentation

Validity:

Validity was conducted to determine whether the tools cover aims and testing validity was required by a panel of five experts in obstetrics and gynecological nursing field to test the face and content validity. Each of the experts was asked to examine tools for content coverage, wording, length, format and clarity

Reliability:

Reliability was estimated among participant married couples by used alpha cronbach test, at first tool was 0.87 which indicates that the Socio-demographic characteristics assessment sheet is reliable to detect the objectives of the study, the second tool was 0.81 and the third tool was 0.83.

Ethical considerations:

-The research ethical considerations in the study was maintained through an official permission was obtained from the scientific research ethical committee Faculty of Nursing -Helwan University before conduction of the study.

-Written approval letter was sent to the director of EL-Saff hospital, including the aim of the study.

-Written consent was obtained from each married couples (husbands and wives), all studied samples were informed about their rights as refusal of participation or withdraw at any time in the study without explanation and that information was treated confidentially.

-Data was only used for study and Ethics, values, culture and beliefs was respected.

Pilot study:

Pilot study was carried out on 10% of the studied married couples (7 husbands and wives) in order to test and ensure the applicability, clarity and the efficiency of the tools. Also to ensure simplicity, relevance and feasibility of conduction of the study tools. In addition, it used to estimate of the time needed to collect data and determine the obstacles for data collection and based on results of the pilot study.

Field work:

The study was implemented in the following four phases:-

First: Assessment phase

- ❖ It was include reviewing of past, current, national and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection.
- ❖ The researcher prepared the study tools and design booklet of practices regarding STDs and checked the suitable and comfortable place for conducting the study.
- ❖ Interviewing the assistant female nurse that work as a head nurse for outpatient clinics at AL- Saff Central Hospital and explained the tools and the aim of the study to help the researcher for data collection.
- ❖ Groups of married couples were asked to fill questionnaire for socio-demographic data that consumed time 5 minutes.

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Second: Planning phase

-Design content of the educational sessions for married couples' practice regarding sexually transmitted disease.

-Based on the baseline data obtained from the married couples before implementing the educational sessions of the study and using the current literature, choosing the appropriate teaching methods in the form of demonstration and redemonstration and choose appropriate media in the form of videos, powerpoint presentation for clarification the right practices regarding STDs.

Third: Implementation phase

The researcher went to the hospital two days a week for 4 hours from 10 am to 2 pm for six months to collect data.

Data collected from two clinics of Obstetrics and Gynecological Clinics and one clinic for Dermatological and Venereological Clinic from the first of April 2023 to the end of December 2023 to collect data.

- ❖ The researcher introduced himself to the staff of two clinics and to selected married couples and explained aim of the current study.
- ❖ At the beginning, the researcher selected married couples according to inclusion criteria after their diagnosis with any types of STDs, this step was done by the cooperation with a high qualified female nurse worked as a head nurse for outpatient clinics at Al-Saff Central Hospital .
- ❖ The researcher interviewed with married couples and explained the aim of the study and obtained the consent regarding conducting the study.
- ❖ As regard to the practical sessions, married couples attended 2 sessions, which each session include husbands separated from wives and time of each session has 10 minutes and each session include 1-2 of husbands and 1-2 wives separately.
- ❖ Regarding of husbands groups, the first session was regarding male condom checklist and before starting the session, the researcher asked the husbands to fill male condom checklist as pretest, explained the procedure for 15 minutes by using booklet, data show presentation and video.
- ❖ At the end of the first session, researcher asked husbands applying the procedure at the home and contact with him by the phone after one week for new meeting at the hospital to measure the level of practice after implementing the study(posttest), then break for 5 minutes and starting the second practical session
- ❖ Regarding of husbands groups, the second session was regarding care of the male genital area and its surrounding checklist included 1-2 husbands and before starting the session, the researcher asked the husbands to fill care of the male genital area and its surrounding checklist as pretest, explained the procedure for 15 minutes by using booklet, data show presentation and video.
- ❖ At the end of the second session, researcher asked husbands applying the procedure at the home and contact with him by the phone after one week for new meeting at the hospital to measure the level of practice after implementing the study (posttest).
- ❖ Regarding of wives groups, the first session was regarding female condom checklist and before starting the session, the researcher and assistant female nurse asked the wives to fill female condom checklist as pretest, then the assistant female nurse explained the procedure for 15 minutes by using booklet, data show presentation and video.
- ❖ At the end of the first session, the assistant female nurse asked wives applying the procedure at the home and contact with her by the phone after one week for new meeting at the hospital to measure the level of practice after implementing the study(posttest).
- ❖ Regarding of wives groups, the second session was regarding women perineal care checklist included 1-2 wives and before starting the session, the assistant female nurse asked the wives to fill women perineal care checklist as pretest, then the assistant female nurse explained the procedure at time 15 minutes by using booklet, data show presentation and video.

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- ❖ At the end of the second session, assistant female nurse asked wives applying the procedure at the home and contact with her by the phone after one week for new meeting at the hospital to measure the level of practice after implementing the study (posttest).
- ❖ During the sessions, the researcher used group discussion as a teaching strategies method to support the wives with correct practice and provide time for questions and feedback.
- ❖ After 3 months, the researcher and assistant female nurse contact with each group of married couples to fill checklist regarding practices to measure level of practice.
- ❖ Contacts were done by telephone and what's App for arrangement to meeting in the hospital and at the same place, some couples came to the hospital for examination in other outpatient clinics and the others came specially to complete the study.
- ❖ The researcher and assistant female nurse introduced the thanks for all married couples regarding effective participation in the current study and the researcher introduced the thanks and appreciation for assistant female nurse regarding assistance in the current study.

Fourth: Evaluation phase

One week Post intervention: It done for each married couples (husbands and wives) for assessing their acquisition of practice regarding sexually transmitted diseases(STDs).It contained the same questions as in the pre intervention.

Follow up: after 3 months another posttest done after post intervention to assess the retention of correct practice regarding STDs

I- Statistical Items:

-The collected data was organized, analyzed and tabulated using appropriate statistical significant tests. Data was entered and analyzed by using SPSS (Statistical Package for Social Science) statistical package version 22. Graphics were done using Excel program.

-Quantitative data were presented by mean and standard deviation (SD).

-Qualitative data were presented in the form of frequency distribution tables, number and percentage. It was analyzed by cochran test (Q) test and p value and used spearman coefficient(R) for total correlation between variables.

Significance of results:

- When $p > 0.05$, it is statistically insignificant difference.
- When $p < 0.05$, it is statistically significant difference.
- When $p < 0.01$ or $p < 0.001$. it is high significant difference.

IV. RESULTS

Table (1) illustrates that the mean age of the studied husbands are (30.2 ± 1.7) years for all age groups and about the two third aged between (20-40) years .Regarding educational level about one quarter were read & write (25.7%).As regard to work status, majority of the studied husbands are working (84.3%) and (15.7%) haven't work due to lack of work opportunities. According to the residence more than half (57.1%) live on rural area and less than half (42.9%) live on urban area.

Table (2) shows that half of studied wives aged between (20-30) years with mean of (27.2 ± 1.3) years for all age groups. Regarding educational level more than one quarter (28.6%) can't read and write . As regard to work status, more than two thirds (71.4%) are house wife. According to the residence more than half (57.1%) live on rural area and less than half (42.9%) live on urban area.

Table (3) reveals that less than half of the studied husbands (45.7%) have a candida and more than one third (38.6%) have chlamydia, while the others studied husbands have different diagnosis as Gonorrhoea(7.1%), hepatitis B(5.7%), syphilis and herpes (1.4%).

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Table (4) reveals that less than half of the studied wives (45.7%) have a candida and more than one third (40.7%) have chlamydia, while the others studied wives have different diagnosis as Gonorrhoea(8.5%), hepatitis B(4.3%), syphilis and herpes were(1.4%).

Table (5) shows that most of the studied husbands pre the study have incorrect practice regarding right application of male condom which the mean total practice score was 4.6 ± 1.4 and most of the studied husbands post one week and after 3 months have correct practice regarding the right application of male condom which the mean total practice score increased to 8.6 ± 2.3 post one week and 8.4 ± 4.1 after 3 months and the difference was highly significant ($p < 0.0001$).

Table (6) shows that most of the studied husbands pre the study have incorrect practice regarding right care of the genital area and its surroundings which the mean total practice score was 6.3 ± 1.2 and most of the studied husbands post one week and after 3 months have correct practice regarding the right care of the genital area and its surroundings which the mean total practice score increased to 11.6 ± 3.4 post one week and 10.9 ± 2.4 after 3 months and the difference was highly significant ($p < 0.0001$).

Table (7) shows that there is a highly statistical significant difference between adequate and in adequate practice of the studied husbands regarding STDs (p -value <0.0001)

Table (8) shows that about two third of the studied wives pre the study have incorrect practice regarding right application of female condom which the mean total practice score was 4.6 ± 1.4 and most of the studied wives post one week and after 3 months have correct practice regarding the right application of female condom which the mean total practice score increased to 9.6 ± 1.7 post one week and 9.2 ± 2.1 after 3 months and the difference was highly significant ($p < 0.0001$).

Table (9) shows that two third of the studied wives pre the study have incorrect practice regarding right care of the perineal area which the mean total practice score was 5.6 ± 1.6 and most of the studied wives post one week and after 3 months have correct practice regarding the right care of the perineal area which the mean total practice score increased to 11.6 ± 2.1 post one week and 11.1 ± 3.2 after 3 months and the difference was highly significant ($p < 0.0001$).

Table (10) shows there is a highly statistical significant difference between adequate and in adequate practice for studied wives regarding STDs (p -value <0.0001)

Table (11) shows that highly statistical significant differences between the socio-demographic characteristics of the studied husbands and the total score of practice regarding the right application of male condom ($p < 0.0001$ for each).

Table (12) shows that, there are highly statistical significant differences between the socio-demographic characteristics of the studied wives and the total practice score regarding the right application of female condom ($p < 0.0001$ for each).

Table (1) :- Distribution of the studied husbands according to socio-demographic characteristics(N=70)

Socio demographic characteristics	N0.	%
Age (Years):		
>20 – 30 Years	18	25.7
>30– 40	30	42.9
>40 – 50	16	22.9
>50 – 55	6	8.5
Mean ± SD	30.2 ± 1.7	
Educational Level :		
Can't read and write	12	17.2
Read and write	18	25.7
Basic education	11	15.7
Secondary level	8	11.4
University	14	20
Postgraduate	7	10

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Residence:		
Rural	40	57.1
Urban	30	42.9
Work status:		
Work	59	84.3
Not work	11	15.7

Table (2) :- Distribution of the studied wives according to socio- demographic characteristics(N=70)

Socio demographic characteristics	N0.	%
Age (Years):		
>20 – 30 Years	35	50
>30 – 40	20	28.6
>40 – 50	12	17.1
>50 – 55	3	4.3
Mean ±SD	27.2 ± 1.3	
Educational Level :		
Can't read and write	20	28.6
Read and write	10	14.3
Basic education	15	21.4
Secondary level	13	18.6
University	10	14.3
Postgraduate	2	2.8
Residence:		
Rural	40	57.1
Urban	30	42.9
Work status:		
Work	20	28.6
House wife	50	71.4

Table (3) :- The current diagnosis of the studied husbands regarding STDs.(N=70)

Variables	N	%
Candida	32	45.7
Chlamydia	27	38.6
Syphilis	1	1.4
Gonorrhoea	5	7.1
Hepatitis B	4	5.7
Herpes	1	1.4
Total	70	100

Table (4) :- The current diagnosis of the studied wives regarding STDs.(N=70)

Variables	N	%
Candida	32	45.7
Chlamydia	28	40
Syphilis	1	1.4
Gonorrhoea	6	8.5
Hepatitis B	3	4.3
Herpes	1	1.4
Total	70	100

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Table (5): Male condom application among the studied husbands pre, post one week and after 3 months (N=70) (reported by the studied husbands)

Variables	Pre				Post one week				After 3 months				Cochran	
	Done		Not done		Done		Not done		Done		Not done		Q	p-value
	No	%	No	%	No	%	No	%	No	%	No	%		
Carefully open and remove condom from wrapper.	30	42.9	40	57.1	66	94.3	4	5.7	62	88.6	8	11.4	2.7	<0.0001*
Place condom on the head of the erect, hard penis.	27	38.6	43	61.4	64	91.4	6	8.6	60	85.7	10	14.3	2.3	<0.0001*
Pinch air out of the tip of the condom.	21	30	49	70	63	90	7	10	58	82.6	12	17.4	1.6	<0.0001*
Unroll condom all the way down the penis.	28	40	42	60	65	92.9	5	7.1	57	81.4	13	18.6	4.3	<0.0001*
After intercourse holding the condom at the base. Then pull out.	22	31.4	48	68.6	67	95.7	3	4.3	61	87.1	9	12.9	3.6	<0.0001*
Carefully remove the condom and throw it in the basket.	31	44.3	39	55.7	69	98.3	1	1.7	63	90	7	10	2.2	<0.0001*
Mean total practice score	4.6±1.4				8.6±2.3				8.4±4.1					

Highly statistical significant P<0.0001

Q (Cochran)

Table (6): Care of the male genital area and its surrounding as reported by the studied husbands pre, post one week and after 3 months (N=70)

Variables	Pre				Post one week				After 3 months				Cochran	
	Done		Not done		Done		Not done		Done		Not done		Q	p-value
	No	%	No	%	No	%	No	%	No	%	No	%		
Prepare needed equipment	23	32.9	47	67.1	68	97.1	2	2.9	66	94.3	4	5.7	Q	p-value
Cutting nails	22	31.4	48	68.6	66	94.3	4	5.7	64	91.4	6	8.6	3.3	<0.0001*
Hand washing	22	31.4	48	68.6	67	95.7	3	4.3	66	94.3	4	5.7	2.5	<0.0001*
Evacuation the urinary bladder	24	34.3	46	65.7	65	92.8	5	7.2	63	90	7	10	3.4	<0.0001*
Suitable position	21	30	49	70	68	97.1	2	2.9	64	91.4	6	8.6	2.5	<0.0001*
Exposing the entire pubic area	25	35.7	45	64.3	66	94.3	4	5.7	63	90	7	10	4.7	<0.0001*
Removing excess hair in and around the pubic area by using a razor	27	38.6	43	61.4	65	92.8	5	7.2	66	94.3	4	5.7	2.9	<0.0001*
washing and cleaning of the pubic area from top to bottom	23	32.9	47	67.1	64	91.4	6	8.6	62	88.6	8	11.3	2.1	<0.0001*

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washing and cleaning of the thighs area from inner to outer	22	31.3	48	68.7	65	92.8	5	7.2	63	90	7	10	3.1	<0.0001*
washing and cleaning of the penis from the front to the direction of the scrotum and testicles	24	34.3	46	65.7	66	94.3	4	5.7	63	90	7	10	5.3	<0.0001*
washing and cleaning of the area from the scrotum down towards the anus	23	32.9	47	67.1	66	94.3	4	5.7	62	88.6	8	11.3	2.4	<0.0001*
Dry the entire pubic area and the penis in the same arrangement of the previous washing	22	31.3	48	68.7	67	95.7	3	4.3	65	92.8	5	7.2	4.3	<0.0001*
Discard the used equipment	24	34.3	46	65.7	68	97.1	2	2.9	66	94.3	4	5.7	2.4	<0.0001*
Mean total practice score	6.3±1.2				11.6±3.4				10.9±2.4					

Highly statistical significant P<0.0001 Q (Cochran)

Table (7) Total practice of the studied husbands pre, post one week and after 3 months. (N=70)

Total practice	pre		Post one week		After 3 months		Cochran	
	N	%	N	%	N	%	Q	P-value
Adequate	22	31.4	66	94.3	63	90	6.75	<0.0001*
Inadequate	48	68.1	4	5.7	7	10		

Highly statistical significant P<0.0001 Q (Cochran)

Table (8): Female condom application among the studied wives pre, post one week and after 3 months(N=70) (reported by the studied wives)

Variables	Pre				Post one week				After 3 months				Cochran	
	Done		Not done		Done		Not done		Done		Not done		Q	p- value
	No	%	No	%	No	%	No	%	No	%	No	%		
Carefully open condom	22	31.4	48	68.6	68	97.1	2	2.9	67	95.7	3	4.3	2.5	<0.0001*
Hold the condom and Insert the thicker inner ring with the closed end into the vagina	25	35.7	45	64.3	66	94.3	4	5.7	64	91.4	6	8.6	2.8	<0.0001*
By using the finger push the inner ring up until rests on the cervix	21	30	49	70	65	92.9	5	7.1	62	88.6	8	11.4	3.7	<0.0001*
Make sure the condom is not twisted	24	34.3	46	65.7	66	94.3	4	5.7	64	91.4	6	8.6	4.2	<0.0001*
After sexual relation removing the condom gently	22	31.4	48	68.6	68	97.1	2	2.9	66	94.3	4	5.7	5.3	<0.0001*
Discard the condom in the basket and not reused again.	22	31.4	48	68.6	66	94.3	4	5.7	64	91.4	6	8.6	2.9	<0.0001*
Mean total practice score	4.6±1.4				9.6±1.7				9.2±2.1					

Highly statistical significant P<0.0001 Q (Cochran)

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Table (9): Perineal care reported by the studied wives pre, post one week and after 3 months (N=70)

Variables	Pre application				post one week				After 3 months				Cochran	
	Done		Not done		Done		Not done		Done		Not done			
	No	%	No	%	No	%	No	%	No	%	No	%	Q	p-value
	Prepare needed equipment	22	31.4	48	68.6	67	95.7	3	4.3	65	92.9	5		
Cutting nails	23	32.8	47	67.1	66	94.3	4	5.7	62	88.6	8	11.4	2.5	<0.0001*
Hand washing	25	35.7	45	64.3	65	92.9	5	7.1	63	90	7	10	6.2	<0.0001*
Evacuation the urinary bladder	24	34.3	46	65.7	66	94.3	4	5.7	64	91.4	6	8.6	2.6	<0.0001*
Remain in suitable position as sitting position in the front of mirror	26	37.1	44	62.9	67	95.7	3	4.3	62	88.6	8	11.4	3.4	<0.0001*
Exposing the entire pubic area	27	38.6	43	61.4	63	90	7	10	61	87.1	9	12.9	2.9	<0.0001*
Removing excess hair at and around the pubic area by using the suitable methods	25	35.7	45	64.3	67	95.7	3	4.3	64	91.4	6	8.6	2.3	<0.0001*
Washing and cleaning of the pubic area from top to bottom	20	28.6	50	71.4	64	91.4	6	8.6	61	87.1	9	12.9	3.5	<0.0001*
Washing and cleaning of the thighs area from inner to outer	23	32.8	47	67.1	66	94.3	4	5.7	64	91.4	6	8.6	4.1	<0.0001*
Washing and cleaning of the labia majora and minora from up of clitoris direction to down of the anus	27	38.6	43	61.4	66	94.3	4	5.7	61	87.1	9	12.9	2.3	<0.0001*
Washing and cleaning of the vestibule	24	34.3	46	65.7	67	95.7	3	4.3	62	88.6	8	11.4	3.1	<0.0001*
Washing and cleaning of anus area and anus opening from up to down	23	32.8	47	67.1	66	94.3	4	5.7	61	87.1	9	12.9	4.7	<0.0001*
Dry the entire pubic area by using drying towels	23	32.8	47	67.2	66	94.3	4	5.7	63	90	7	10	3.9	<0.0001*
Discard the used equipment.	22	31.4	48	68.6	67	95.7	3	4.3	65	92.8	5	7.2	5.4	<0.0001*
Wear cotton underwear after drying	30	42.8	40	57.2	68	97.1	2	2.9	68	97.1	2	2.9	4.3	<0.0001*
Mean total practice score	5.6±1.6				11.6±2.1				11.1±3.2					

Highly statistical significant P<0.0001

Q (Cochran)

Table (10): Total practice of the studied wives pre, post one week and after 3 months. (N=70)

Total practice	Pre		Post one week		After 3 months		Cochran	
	N	%	N	%	N	%	Q	P-value
Adequate	21	30	67	95.7	63	90	5.67	<0.0001*
Inadequate	49	70	3	4.3	7	10		

Highly statistical significant P<0.0001

Q (Cochran)

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Table (11): Relation between the socio-demographic characteristics of studied husbands and total practice regarding the right application of male condom (N= 70).

Socio-demographic characteristics		Total practice					
		Incorrect practice.		Correct practice.		Chi-square	
		N	%	N	%	X ²	P-value
Age (years)	>20 - 30 years(N=18)	10	14.3	8	11.4	14.1	<0.0001*
	>30 – 40 years(N=30)	19	27.1	11	15.7		
	>40-50 years(N=16)	13	18.6	3	4.3		
	>50 – 55 years(N=6)	4	5.7	2	2.6		
Residence	Rural(N=40)	28	40	12	17.1	12.0	<0.0001*
	Urban(N=30)	16	22.6	14	20		
Education	Can't read and write (N=12)	8	11.4	4	5.7	11.09	<0.0001*
	Read & write(N=18)	13	18.6	5	7.1		
	Basic education(N=11)	5	7.1	6	8.6		
	2ry education(N=8)	5	7.1	3	4.3		
	University(N=14)	7	10	7	10		
	Post-graduate(N=7)	6	8.6	1	1.4		

Highly statistical significant P<0.0001

Table (13): Relation between the socio-demographic characteristics of the studied wives and total practice regarding right application of female condom (N=70).

Socio-demographic characteristics		Total practice					
		Incorrect practice.		Correct practice.		Chi-square	
		N	%	N	%	X ²	P-value
Age (years)	>20 - 30 years(N=35)	21	30	14	20	11.2	<0.0001*
	>30 – 40 years(N=20)	14	20	6	8.6		
	>40-50 years(N=12)	7	10	5	7.1		
	>50 – 55 years(N=3)	2	2.8	1	1.4		
Residence	Rural(N=45)	26	37.1	19	27.1	13.04	<0.0001*
	Urban(N=25)	19	27.1	6	8.6		
Education	Can't read and write (N=20)	13	18.6	7	10	14.02	<0.0001*
	Read & write(N=10)	6	8.6	4	1.4		
	Basic education(N=15)	9	12.9	6	8.6		
	2ry education(N=13)	9	12.9	4	5.7		
	University(N=10)	6	8.6	4	5.7		
	Post-graduate(N=2)	1	1.4	1	1.4		
Total		44	62.9	26	37.1		

Highly statistical significant P<0.0001

V. DISCUSSION

According to socio demographic data of the husbands, the current study showed that about the two third aged between (20-40) years, regarding educational level, about one quarter were read & write. This finding agreed with (Melissa, 2021) who conducted a study, in France, entitled as "Assessment males' knowledge regarding to sexually transmitted diseases (STDs)" showed that more than half of studied husbands aged were ranged from 31-40 years old but disagree with the current study in the level of education where less than one quarter of the studied husbands had received university education.

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Regarding to work status of the studied husbands, majority of the husbands were working, regarding number of children, More than one quarter have more than two children. This results agreed with (**Ramy, 2021**) who conducted a study, in Nigeria, entitled as "Effect of counseling regarding prevention of STDs" and showed that the most of the male were working and more than one quarter have more than two children.

According to socio demographic data of the wives, the current study showed that half of the studied wives aged between (20-30) years. Regarding educational level, more than one quarter can't read and write. This finding agreed with (**Meller,2021**) who conducted a study, in south Africa, entitled as "wives' practice regarding tosexually transmitted diseases(STDs)" and reported that more than half of studied wives aged were ranged from 20-35 years and about one quarter can't read and write.

From the researcher's point of view, the diversity in the study and the collection of samples of married couples from rural and urban areas gives strength to the current study because enables the researcher to study diverse samples in cultures, customs, and educational level, which has positive implications for the results of the study and socio-demographic data for married couples as work status and family income can effect on level of knowledge, practice and can effect on prevalence of STDs.

According to the current diagnosis of the studied husbands regarding STDs, the current study showed that less than half of the studied husbands have a candida and about one third have chlamydia. This results agreed with (**Helmer, 2021**) who conducted a research, consumed time 3 months, in German ,entitled as "prevalence of sexually transmitted diseases among married couples" and reported that the major of the studied husbands infected with chlamydia and candida infections.

According to the current diagnosis of the studied wives regarding STDs, the current study showed that less than half of the studied wives have a candida and about one third have chlamydia. This results agreed with (**Jack, 2021**) who conducted a study, consumed time 5 months, in Suid ,entitled as "prognosis of sexually transmitted diseases among married couples" and reported that the major of the studied wives infected with chlamydia and candida infections.

From the researcher's point of view, the results of the current diagnosis of married couples regarding sexually transmitted diseases are compatible with the prevalence of STDs around the world which chlamydia and candida were the highest percentage among married couples and thsis percentage similar to statistics of worldwide regarding STDs.

According to the right application of male condom, the current study showed that about two third of the studied husbands pre the study have incorrect practice and the most of the studied husbands had a correct practice throughout immediately post and after 3 months application. This results agreed with (**Ventura, 2022**) who conducted a study, in German, entitled as "The correct practice for male condom" and reported that more than two third of the studied males after implementing the study had correct practice regarding right application of male condom.

From the researcher's point of view, all results which was achieved regarding right application of male condom reflect the efficiency of the present study for enhancing male practice regarding sexually transmitted diseases and reflects the interest of the husbands regarding the study, which all results encourages for all married couples to use male condom that can protect of them against sexually transmitted disease and can used as a contraception methods.

Regarding to care of the male genital area and its surrounding, the present study showed that about the two third of the studied husbands have incorrect practice regarding care of the male genital area and its surrounding throughout pre the study and the other third have correct practice and most of the studied husbands had a correct practice throughout post one week and after 3 months. This results compatible with (**jiggs, 2020**) who conduct a study, in Gapon, consumed 3 months entitled as " Male's practice and self-hygiene" and illustrated that the most of the studied males before implementing the study had incorrect practice regarding hygienic care and after implementing the study, the most of the studied males had correct practice regarding hygienic care..

According to total practice of the studied husbands regarding STDs pre, post one week and after 3 months, the present study showed that was a highly statistical significant difference between adequate and in adequate practice and this results compatible with (**Rysek,2022**) who conducted a study, in Botswana, entitled as "Effect of the educational program on men's attitude and practice regarding STDs" and reported that, the studied men pre application the study had bad attitude and

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malpractice regarding STDs, after implementing the study the results were differentiated and the most of the studied men had a correct and adequate practice regarding STDs.

From the researcher's point of view, the adequate of husbands' practices regarding sexually transmitted diseases, such as the right application of male condom and care of the genital area and its surroundings, is a strong indicator of the importance of the current study for husbands and evidence of the keenness and interest of the husbands to actively and positively participate in the study and benefit from it, and also evidence of the success of the main objective of the study. According to the right application of female condom, the current study showed that about two third of the studied wives pre the study have incorrect practice regarding right application of female condom and most of the studied wives had a correct practice throughout post one week and after 3 months. This results agreed with **(William,2021)** who conducted a study, in Australia, entitled with " using female condom as a contraceptive methods" and reported that a majority of the studied wives before beginning the study had malpractice regarding right application of female condom.

Regarding to right application of perineal care checklist, the present study showed that two third of the studied wives pre application have incorrect practice and most of the studied wives had a correct practice throughout post, post one week and after 3 months. This results compatible with **(Wiggs,2022)** who conduct a study, in London, consumed time about 4 months, conducted in rural area, aged of selected women between 20-45 years, entitled as " Role of self-hygiene in prevention STDs" and illustrated that the most of the studied women after implementing the study had correct practice regarding perineal care and self- hygiene

According to total practice of the studied wives regarding STDs pre, post one week and after 3 months, the present study showed that was a highly statistical significant difference between adequate and in adequate practice and this results compatible with **(Fades,2020)** who conduct a study, in Italy, consumed time about 7 months, entitled as "Assess instructional guidelines for women regarding STDs" and reported that, the studied women pre application the study had malpractice and deficit knowledge regarding STDs, after implementing the study the results were differentiated and the most of the studied women had a adequate practice regarding STDs.

From the researcher's point of view, the adequate of wives' practices regarding sexually transmitted diseases, such as the right application of the female condom and perineal care checklist, is a strong indicator of the importance of the current study for women and evidence of the keenness and interest of the wives to actively and positively participate in the study and benefit from it, and also evidence of the success of the main objective of the study.

According to the relation between the husbands' socio-demographic characteristics and the right application of male condom, the present study shows that highly statistical significant differences between them. and this results agree with This results compatible with **(Weller,2021)** who conduct a study, in South Africa, consumed time about 3 months, entitled as" Enhancing practice regarding male condom" and reported that statistical significant differences between socio-demographic data and right application of male condom.

According to the relation between the study wives' socio-demographic characteristics and the right application of female condom, the present study shows that highly statistical significant differences between them. and this results agree with with **(Miler,2021)** who conduct a study, in South Indian, consumed time about 6 months, entitled as" Enhancing knowledge and practice regarding female condom" and reported that statistical significant differences between socio-demographic data and right application of male condom.

From the researcher point of view, several studies have revealed that sexually transmitted diseases are the cause of the multiplicity of complications and result in poor sexual and reproductive health among married couples due to delays in treatment as a result of a lack of practice regarding STDs, so there is a need for designing educational programs to increase public awareness regarding prevention of STDs and increase readiness of married couples for STIs screening.

VI. CONCLUSION

Based on the results of the current study, can be concluded that most of the married couples pre educational sessions of the study have incorrect practice regarding sexually transmitted diseases, which is improved post one week and after 3 months. The results of the current study supported the research hypothesis and aim of the current study is achieved.

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VII. RECOMMENDATION

In the light of the current study finding, the following recommendations are:-

- Regular training of the healthcare personnel to become counselor at each health facility to discuss the STIs among married couples.
- Design periodic workshop regarding premarital counseling for early detection of STDs.

Further researches:

- Encouraging education regarding STDs early in school for both gender students by including an educational program about all types of STDs into the secondary school curriculum.

REFERENCES

- [1] **Jiggs. (2020).**" "How You Can Prevent Sexually Transmitted Diseases". cdc.gov. Centers for Disease Control and Prevention
- [2] **Weller. (2021).**" The Real Problem with Sexually Transmitted Diseases. problems of bad hygienic care 26 (8):doi:10.1097/00007435-199909000-research. USA. 00007.p459.
- [3] **Miler. (2021) .**" models of HIV epidemics in Australia and Southeast Asia, article, London, p19.
- [4] **Ventura. (2022).**" Australasian contact tracing manual. Specific infections where contact tracing is generally recommended, article, p17.
- [5] **Andrew. (2020).**" Reproductive Health and Research. Global incidence and prevalence of selected curable sexually transmitted infections, research, United States, p34.
- [6] **Helmer. (2021).**" Awareness and knowledge of sexually transmitted diseases (STDs) among school-going adolescents in Europe, Journal, London, p11.
- [7] **Wiggs. (2022).**" International technical guidance on sexuality education, research, France, p56.
- [8] **Blanti. (2022).**" Disease Injury Incidence Prevalence Collaborators . "Global, regional, and national incidence, prevalence, and years lived with disability, research, German, p89.
- [9] **William. (2021).**" Strategies for partner notification for sexually transmitted infections, including HIV", Journal, Denmark, p56.
- [10] **Demis. (2021).**" The emergence of HIV/AIDS in the Americas and beyond". Proceedings of the National Academy of Sciences of the United States of America. Article, p104.
- [11] **Fades. (2020).**" Preventive Services, Task Force Behavioral counseling to prevent sexually transmitted infections: Women hygienic care, U.S, Journal, p91.
- [12] **Farn. (2022).**" The emergence of HIV/AIDS, Americans and beyond". Proceedings of the National Academy of Sciences of the United States of America. P89.
- [13] **Forest. (2020).**" "Hidden STD Epidemic: 110 Million Infections in the US". Live Science. Future US, Inc
- [14] **Jack. (2021).**" School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents". The Cochrane Database of Systematic Reviews.
- [15] **Melissa and Ramy. (2021).**" "Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement, article, p19
- [16] **WHO. (2023).**" Guidelines for the management of sexually transmitted infections (PDF). Geneva: World Health Organization