

Islamic university students' attitudes on sexually transmitted diseases: A case study based on University of Colombo

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Abstract

Similar to all religions, Islamic thoughts impact sexual attitudes and connected issues. STDs are a global health issue spreading rapidly. The most vulnerable are youth, aged 15 – 24. However, youth are heterogeneous, and religion plays a key role in framing attitudes related to sexual behavior and its consequences such as STDs. Since Islam prohibits certain behavior connected to spreading of STDs, Muslim youth are considered having attitudes reducing the risk of contracting STDs. This research aims to identify attitudes regarding STDs among Islamic university youth. Seventy respondents were selected for the analysis. Data were collected through questionnaires in 2016. Respondents' STD knowledge was relatively low. Most had negative attitudes about condom use, as protective mechanism. However, majority disapproved extramarital sex, which is a positive sign. Students were keen to learn more about STDs. This research proposes panel discussions, compulsory lectures and counseling for knowledge enhancement and attitude change regarding STDs.

Key Words: Islam, Youth, University students, Attitudes, Sexually Transmitted Diseases.

Introduction

Attitudes play a key role with regard to behaviour. This is true for all behaviours, including those that increase the risk of contracting Sexually Transmitted Diseases (STDs). Attitudes and knowledge on STDs differ based on gender, religion, age, nationality, education level and socio-economic status of people (Dissanayaka, 2011; Rathnayaka, 2002; UNICEF, 2004).

The rapid spread of STDs has created a serious public health issue in the modern world. More than one million people are infected with STDs daily and 500 million people annually (WHO, 2013). Ninety five per cent of STD patients including HIV are reported from Asian countries and the majority of newly identified patients are reported from countries in South Asia (Rathnayaka, 2002). This indicates a warning to countries like Sri Lanka situated in the South Asian region as their populations are increasingly becoming vulnerable to STDs, HIV/AIDS. In Sri Lanka, 60,000 to 200,000 patients get treatment from STD clinics annually (World Bank, 2005). According to the WHO (2005), the most vulnerable group with regard to STDs is the youth aged 15 to 24 years. This high vulnerability of youth is due to lack of awareness and negative attitudes towards STDs (ලියනමල්, 2015).

However, youth are not a homogeneous group. They differ by ethnicity, religion, education, gender and many others. While some of these differences may increase risk behavior for STDs, some may act in the opposite direction. Religious tenants have an impact on health behavior and diseases transmission (Ellison & Levin, 1998). Islamic religious practices are systematically different from other religions (Gray, 2004). It is said that, since Islam prohibits non-marital sex, homosexuality etc. (Bastani et al., 1996). which are considered risk behaviours for STDs, the prevalence and incidence of HIV and other STDs are expected to be low among Islamic communities. A study done in 2009 based on Islamic religious leaders' attitudes about STDs has shown that, most Islamic religious leaders do not consider STDs as a major health issues (Moghil, Nabolsi, Khalaf & Suliman, 2009). These factors suggest certain risk factors for having STDs among Muslims.

Islamic population or the Muslims represents one of the major ethnic groups in the world. Muslims are a part of the multi ethno-religious Sri Lankan society as well, and represented 9.3 per cent of the country's population in 2012 census (Department of Census & Statistics, 2012). Based on the above noted prohibitions, similar to other Islamic populations, Sri Lankan Muslims should also be at low risk for STDs. However, it has been noted that compared to the majority Sinhalese ethnic group in the country, Muslims and Tamils (Muslims and Tamils are the other major minority groups in Sri Lanka) have a lower level of knowledge on sexual related issues (UNICEF, 2004; Dissanayaka, 2011). This can be a counteracting force to the above as low knowledge can make Muslim youths more vulnerable to STDs. Apart from this specificity for Muslims, youths in general do not prefer to access health services and seek health advice compared to elders and children (National Youth Conference on HIV and AIDS, 2008).

However, university students who are mostly youth can be considered as more knowledgeable on health issues including STDs than their counterparts due to higher academic status. Consequently they are a sub-group of youth who get less attention from researchers and policy makers in comparison to other youth because they are considered more knowledgeable and aware purely due to their academic status

Nearly eight per cent of students enrolled in the Sri Lankan government universities annually are Muslim (University Grants Commission, 2015). This eight per cent of Muslim students are distributed in small amounts among the different universities in the country. It creates minor Muslim university student's groups in most universities. As stated by Fine and Handelsman (201) minority groups have a tendency not to interact with other major group. This can create a huge gap in knowledge about culture, sexual activities, and social activities and so on. Based on this it can be fairly assumed that the situation of university Muslim students are similar. The main aim of this study therefore is to examine the Islamic¹⁰ university students' attitudes on STDs. It will help the policy makers to identify the correct

¹⁰ In this paper 'Islamic' and 'Muslim' are used interchangeably.

way in providing the knowledge and attitudes on STDs and how religious based differences should be targeted when providing knowledge on STDs.

Methods and materials

The sample for this study was select from the faculties of Arts, Law, Management, Medicine and Science at the University of Colombo. The main reason for selecting the sample from the University of Colombo is that, Colombo district has the highest number of STD patients at national level (National STD/AIDS Control Programme, 2014). This research is based on the Muslim university undergraduates and therefore University of Colombo has well-defind faculties in different study streams and it helps to identify the inequalities of Muslim undergraduates' attitudes about STDs.

As mentioned in the University of Colombo Annual Report, 2010, which is the most recent available published report , the Muslim university student population in the university is 344. Assuming similar numbers for 2016, 20 per cent were selected as the sample and this amounted to 70 students. These 70 Muslim respondents were selected in equal proporitons according to gender and faculties using purposive sampling method.

The study is mainly based on primary data. The main data collection method was a self-administrated questionnaire where both open and close ended questions were included. The questionnaire covered four sub topics, namely, respondent's demographic background, respondent's basic knowledge on STDs, respondent's attitudes about STDs and respondents sexual behaviour. In additon, international and national level reports, books, newspapers and magazines related to the research area and related websites have been used as the secondary data. The data collected from the questionnaire was analyzed using SPSS and EXCEL softwares. Collected quantitative data were analyzed using univariate and bivariate statistical techniques.

Results and discussion

Characteristics of the respondents

Respondents' age ranged from 20-29 years with a mean age of 23.4 years. Fifty per cent of the respondents are aged 22 and 23 years. This was followed by those who are 24 years (17.1 per cent). Majority of the students (94.3 per cent) are unmarried and only 5.7 per cent reported as being currently married. When considering family factors, the majority of respondents' fathers are working in the private sector (78.5 per cent) while majority of the mothers are not working (68.7 per cent). Majority of the mothers had relatively low education levels (below GCE O/L).

More than half (58.6 per cent) of the respondents were from urban areas. The rest (41.4 per cent) were from rural areas. The students represented 16 districts according to their permanent residence. Nearly

60 per cent (58.6 per cent) were from Colombo district, followed by 11.4 per cent from Kalutara district. Findings show that 72 per cent of respondents from the Colombo district were male students and only 28 per cent were female. Compared to that, the female proportion was higher than male from all other districts. Around one third of respondents (35.7 per cent) were staying in university hostels while they were doing their studies. This was followed by 31.4 per cent who were coming from their own homes. Among the respondents, 28.6 per cent were living in private boarding places.

The monthly household income of the students in the preceding month to the survey ranged from Rs. 10,000 or below – to Rs. 40,000 or above. More than one third (38.6 per cent) of respondent's monthly household income was above Rs. 40,000. This was followed by 34.3 per cent of students whose household income was between Rs 20,000 – 40,000. Only 10 per cent of the students reported of having a household income of Rs. 10,000 or below. Majority of the respondents (58.6 per cent) were having Mahapola or Bursary for their academic expenses.

Respondents' knowledge on STDs and methods of acquiring

This study focuses on the attitudes regarding STDs of Islamic students. However before engaging on a discussion regarding attitudes the STD knowledge and how students acquired it will be discussed as attitudes are formed also based on knowledge. The respondents' knowledge about STDs was gathered under two themes: a) general knowledge and; b) clinical knowledge and will be discussed using these. General knowledge was assessed based mainly on whether students knew of STDs and how they described it by their own words and whether they knew how it was spread. Clinical knowledge was tested by assessing whether they knew the clinical names of STDs.

General knowledge

Sexual and reproductive health education directly contributes to the prevention of STDs and therefore results in healthy behavior (Moghil et al., 2009). When studying the respondent's knowledge about STDs, 87.1 per cent of them reported as having heard about it. This can be seen as a positive sign. But despite engaging in university level education, 12.9 per cent reported as not having heard about STDs. There is a possibility that cultural or religious factors have influenced the answers. Since this is a group of students who can be considered more educated than other youth, and if the answers were not influenced by external factors such as culture etc. which restricted students from providing correct answers, the result can be identified as a negative sign because lack of knowledge could make students vulnerable to the risk of STDs. Although general knowledge on STDs is as above, 100 per cent of the respondents have heard about HIV/AIDS showing that there are students who have heard about HIV/AIDS but not STDs although HIV/AIDS is also a STD.

Knowledge regarding STDs was checked by asking certain statements, ‘*HIV can be infected through mosquito bites*’, ‘*Using a condom is the best way to protect from STDs when having unprotected sex*’ and ‘*A person can get HIV through having anal sex*’, and students were asked to state whether the given statements were ‘correct’, ‘incorrect’ or ‘don’t know’. Table 1 shows the results. In the sample 14.3 per cent of the respondents believe that, HIV could be infected by mosquito bites, and 12.9 per cent noted that they had no idea about this factor. This shows that more than 25 per cent of respondents do not have an accurate knowledge about the contracting mechanisms of STDs. But on a positive note, 72.9 per cent of students know that mosquito bites are not a method of HIV infection.

As mentioned by the Family Health Bureau (2014) using a condom is the best way to protect oneself from STDs when having sex. In the findings, 42.9 per cent of respondents stated it as a correct statement. However, a relatively high number (21.4 per cent) stated it as an incorrect statement. More importantly 35.7 per cent of students didn’t know anything about that statement, indicating that, overall more than 55 per cent of the respondents were not aware of the correct way of protecting from STD risk. As also noted above, Islamic thoughts directly prohibit the use of condoms for the Muslims (Bastani et al., 1996). Most Islamic students may not be aware of the use of condoms as a protective mechanism because of this.

It is important to note that majority (58.6 per cent) of the respondents had correct awareness about HIV dissemination through anal sex. However relatively high proportions (31.4 per cent) of the respondents were unaware about HIV transmissions through anal sex.

Table 1 – Muslim university students’ knowledge on STDs

Statement	Correct (%)	Incorrect (%)	Don’t know (%)	Total (%)
HIV can be infected through mosquito bites.	14.3	72.9	12.9	100
Using a condom is the best way to protect from STDs when having unprotected sex.	42.9	21.4	35.7	100
A person can get HIV through having anal sex.	58.6	10.0	31.4	100

Source: Sample Data, 2016

The above findings indicate that Muslim students’ knowledge about ways of contracting STDs and HIV/AIDS differ. Students are more aware about some methods while it is not so for the others. However what is important is that despite being university students over 40 percent do not know that condoms are a protective mechanism and that HIV can be infected by anal sex.

Clinical knowledge

Syphilis, Gonorrhoea and Trichomoniasis are the three main STDs commonly found in Sri Lanka (Family Health Bureau, 2014; NSACP, 2015). Results show that the knowledge of clinical knowledge is relatively low among the respondents as they report them either as not STDs or that they are unsure about it. Table 2 – Muslim students' clinical knowledge on STDs.

STDs clinical Name	Exactly STD (%)	Not sure (%)	Not a STD (%)	Total (%)
Syphilis	62.9	32.9	4.3	100
Gonorrhoea	71.4	21.4	1.4	100
Trichomoniasis	20.0	67.1	12.9	100

Source: Sample data, 2016

Majority of Muslim respondents (62.9 per cent) identified syphilis as a STD. But 32.9 per cent of respondents were not sure that it was a STD (Table 2). Seventy one per cent of the respondents correctly identified Gonorrhoea as a common STD. Yet, nearly 30 per cent (27.1 per cent) were stated that, they were not sure Gonorrhoea was a STD. Despite Trichomoniasis being common in the country only 20 per cent could identify it as an STD. Not knowing that a certain disease is an STD can increase the risk of contracting as well impact on treatment seeking behavior, by people not seeking STD treatment or not taking the illness as serious.

Methods of acquiring knowledge

The way of acquiring knowledge is a very important factor with regard to anything including STDs. The probability of knowledge being accurate will depend on the sources that are used to gain the knowledge. In general, most Muslim students (72.9 per cent) gained their STD knowledge through the internet and friends. Books and magazines were used by 40 per cent as a method of gaining knowledge. It is interesting to point that, 12.9 per cent of Muslim students gained their STD related knowledge through their mother and father. This is a positive point, as it shows that there is a dialog regarding STDs between children and parents.

Respondents' attitudes on STDs

It is said that religiosity and religious thoughts can have a negative influence on knowledge and attitudes regarding STDs (Seidman et al., 1992). Respondents' attitudes regarding STDs were analyzed using eight statements where they stated answers as 'agree', 'disagree' and 'don't know' (Table 3). When it comes to the findings, 91.4 per cent of the students disagree to the statement that STDs are not dangerous. This shows that, majority of Muslim students have a positive attitude about the risk of STDs.

But unfortunately, 8.6 per cent of students agreed with same statement. This group can be identified as a high risk group.

In general, most people neglect the HIV infected patients in society. This can affect the HIV infected patients physically and mentally. In this study, nearly 60 per cent of respondents agreed that it is necessary to avoid HIV infected persons (Table 3). This shows some negative attitudes towards HIV patients from Muslim students, and it will directly impact on the HIV patients' social, economic and mental status. Although 60 per cent agreed that HIV patients should be avoided, 78.6 per cent of respondents stated that HIV patients should have equal rights as other people. This is a positive sign. Only 14.3 per cent of respondents stated that HIV patients should not have equal rights. Although the proportion is small it should be taken as a negative sign.

Table 3 – Muslim student's attitudes on STDs

Statement	Agree	Disagree	Don't know	Total
STDs are not dangerous.	8.6%	91.4%	0.0%	100%
It is necessary to avoid a person who has HIV/AIDS.	57.1%	32.9%	10.0%	100%
Youth awareness of STDs is important.	91.4%	4.3%	4.3%	100%
To prevent from STDs most protective action is using a condom when having sex	38.6%	32.9%	28.6%	100%
Religion is a barrier to improve the knowledge of STDs.	38.6%	55.7%	5.7%	100%
HIV patients should have equal rights as other people	78.6%	14.3%	7.1%	100%
Having extramarital sex is not a social problem.	8.6%	65.7%	25.7%	100%
Healthy person can be married with a HIV patient.	38.6%	42.9%	18.6%	100%

Source: Sample data, 2016

Youth are the most vulnerable age group to have STDs compared to other age groups (WHO, 2005). As a positive attitude, 91.4 per cent of students agreed about the importance of youth awareness about STDs. This shows that Muslim youth are positive toward gaining awareness.

Islamic thoughts directly prohibit the use of condoms and risky sexual behavior (Bastani et al., 1996). One third (32.9 per cent) of students disagree to the use of condoms as a method of protection from the STDs. This could be an impact of Islamic religious thoughts. It is important to note that, 28.6 per cent of the respondents don't know of condoms as a protection from STDs.

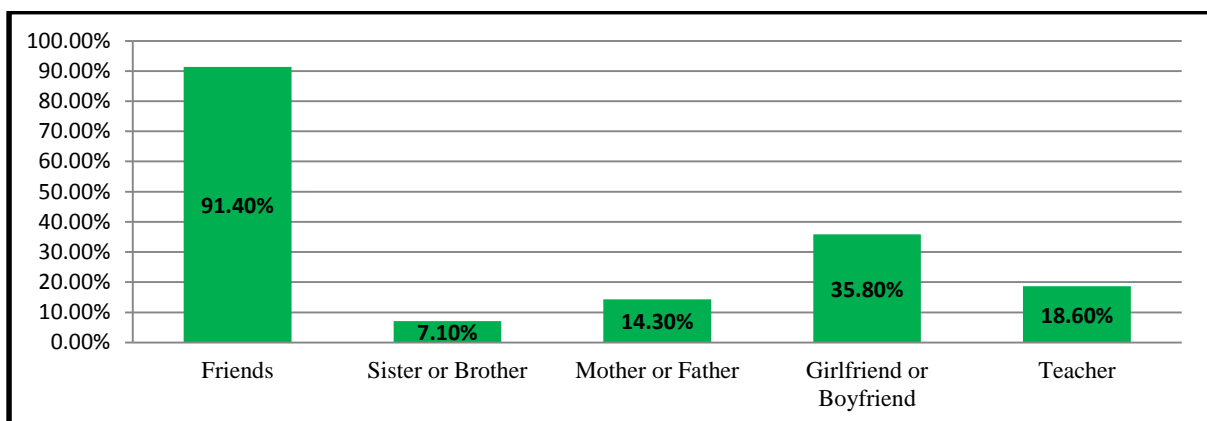
As Gray (2004) notes Islamic practices are systematically different from other religions. A relatively large proportion (38.6 per cent) of respondents agreed that religion is a barrier to improve the knowledge of STDs. But more than 50 per cent of Muslim students stated that religion is not a barrier to improve the knowledge on STDs.

From the findings 65.7 per cent of the respondents disagree to the statement that having extramarital sex is not a social problem. As per Islamic thoughts, sexual intercourse is permitted only within marriage. However, 8.6 per cent of students agree that it is not a social problem. This shows that a minority of the students disagree with their religious teaching. The fact that one quarter of the students (25.7 per cent) state that they ‘don’t know’ about this situation indicates that they are not sure of the teaching. Since both these groups comprise of more than one third of the sample it is of concern.

Marriage takes an important place in the Islamic religion. Generally, most marriages occur between two healthy persons. But a healthy person can be married to an HIV patient. The risk of the healthy person contracting HIV will then increase. With the correct use of contraceptives and having positive attitudes towards STD patients will create a balanced and safe married life. In the research, 58.6 per cent of respondents’ attitudes were that a healthy person can get married to a HIV patient. But negatively, 42.9 per cent of respondent’s attitudes were that they disagree with the statement. Further, 18.6 per cent of respondents didn’t have any opinion about the statement and it justified the low awareness of STDs among Muslim students.

Most of the people prefer not to talk in public about such private matters such as sexual thoughts, sexual attitudes and so on. When it comes to findings, majority of the respondents (91.4 per cent) prefer to talk about STDs with their friends. Friends were the main source that most used to exchange attitude regarding private behavior (Figure 1). But the issue is that, the knowledge shared through friends might not always be accurate.

Figure 1 – Respondents most preferred person to talk about STDs*



Source: Sample data, 2016

*Note: Multiple answers

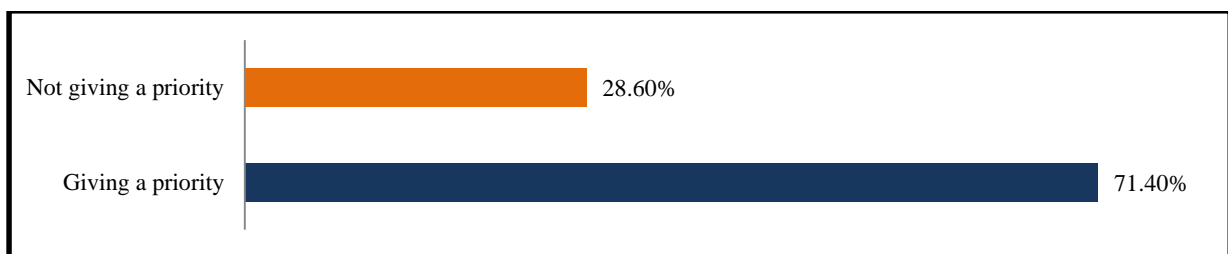
Secondly 35.8 per cent of students preferred to talk about STDs with their girlfriend/ boyfriend. As a positive point 18.6 per cent of respondents have selected their teachers to talk about STDs. The advantage of this is, teachers or lectures will mostly transmit correct knowledge of STDs. It will be helpful for students to make positive attitudes on STDs and STD related issues.

As an important point, 14.3 per cent of respondents preferred to talk about STDs with their mother or farther. In general, most people are not willing to talk about these kinds of issues with their parents (Sridawruang et al., 2010). Talking with parents is a positive sign as parents will transmit correct knowledge and ideas with the combination of Islamic thoughts.

To be aware and protected from STDs is a responsibility of the whole society. To restrain from risky sexual behaviours is self-responsibility. Social responsibility will contribute to prevent others from the spread of STDs. Governments' responsibility will be to make policies to prevent STDs and take actions for this. Majority of the respondents' (88.6 per cent) attitudes were that protection from STDs is self-responsibility. Seven per cent of the respondents stated it is a social responsibility and 4.4 per cent stated it as a government responsibility.

When analyzing attitudes, 71.4 per cent of the respondents noted that, STDs should be given priority when having sexual intercourse. This is a positive point as even the most trusted sexual partner could have STDs which will be transmitted. However, nearly one third (28.6 per cent) of students stated that STDs need not be given priority when having sexual intercourse (Figure 2). Students who held this attitude gave reasons for their answer. Fifty per cent noted that they don't think STDs as a risky disease. It is important to note that 28.5 per cent of respondents' attitude was that they trusted their partner and they will only have a sexual relationship with him or her and hence there was no need to fear. The reason given by 21.5 per cent of the students was that they believed they don't have STDs or HIV.

Figure 2: Respondents priority on STDs when having sexual intercourse.



Source: Sample data, 2016

Sufficient and correct knowledge and positive attitudes is a must to prevent from STDs and it is helpful to create a balanced and a healthy life. From the respondents 60 per cent stated that they have sufficient

knowledge about STDs. But 40 per cent of respondents stated that, they don't have a sufficient knowledge. It is important to note that, 92.9 per cent of respondent's attitude was that they like to learn further more about STDs. However, 7.9 per cent of respondents stated that they do not need to learn further more about STDs; nearly 6 (5.7) per cent stated that they know about STDs. Although the percentage is small this is an issue, especially as it comes from university students. A very small percentage said that they do not need to know about STDs.

Conclusion

In summation, Islamic students' STDs and sexual related attitudes are connected with Islamic thoughts and Muslim culture. The knowledge on STDs among these students was relatively low in certain important areas. However, there is a mixture in the attitudes regarding ways of protection and associating STD or HIV/AIDS patients. In this kind of a situation where low knowledge and risky attitudes prevail, Muslim students' sexual behavior can become risky. However, many showed a liking to lean about STDs.

Therefore, this paper suggests organizing ethnic based panel discussions with qualified doctors. It helps the students to get the correct knowledge about these diseases. It is recommended that, organizing annual compulsory lectures on reproductive health for students should be a must. In this case if the lectures are separate for different religions it will be helpful as the students could be more open among their own religious group. These will help to motivate students to do more studies about STDs and prevent themselves from STDs. Reproductive health counseling centers should be introduced for university students and students should have the choice of selecting counselors either from their own religion or other. Sometimes for Islamic students it may be beneficial to talk with counselors from other religions as then they may not have the fear of going against religious preaching. It will be useful for the students in solving their reproductive health issues more effectively and privately. It is also important to locate a specific area in the university libraries with books related to reproductive health so that students will have easy access. It will provide a chance for students to improve their knowledge about STDs. Since globalization and modernization has resulted in the close knit communities to be exposed to new challenges these measures would benefit the youth and their health.

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