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AWARENESS OF SEXUALLY TRANSMITTED DISEASES AMONG SECONDARY SCHOOL STUDENTS IN ILORIN-EAST LGA, KWARA STATE

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Abstract

Adolescents, especially those in secondary schools are likely to engage in risky sexual practices and this increases their chances of contracting sexually transmitted diseases or infections. This study investigated the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State. It also examined the influence of gender, school type and access to information on social media on the respondents' views. A descriptive survey method was adopted for the study. Data were gathered from a sample of 200 randomly selected secondary school students in Ilorin metropolis using a researcher-designed questionnaire entitled "Awareness of Sexually Transmitted Diseases Questionnaire". The t-test was employed for analysis at 0.05 alpha level. The level of awareness of respondents about sexually transmitted diseases was high. There were significant differences in the awareness of sexually transmitted diseases among respondents based on gender and access to information on social media but no significant difference was found based on school type. Since the majority of the secondary school students are aware of sexually transmitted diseases in Ilorin-East LGA, Kwara State, therefore counsellors should organize school-wide health talk to further educate secondary school students on challenges associated with STDs and their prevention.

Keywords: Awareness, Secondary School Students, Sexually Transmitted Diseases.

Introduction

Sexually Transmitted Diseases (STDs) have been a common health problem affecting mostly young people, not only in developing countries but also in the developed countries. For instance, diagnoses of STDs, especially syphilis, gonorrhoea and Chlamydia have been reported in several western countries especially among teenagers of 16-19 years old (Samkange-Zeeb, Spallek, & Zeeb, 2011). According to World Health Organization (WHO, 2011) STDs are infections that are spread primarily from person to person through unprotected sexual contact with an infected person (WHO, 2011). This sexual contact goes beyond vaginal intercourse it also includes anal genital and oral-genital contact as well. Sexually transmitted diseases (STDs) are a group of communicable diseases that are predominantly transmitted by sexual contact and caused by a wide range of bacterial, viral, protozoa, fungal agents, and ectoparasites (World Health Organization, 2013). Achalu (2003) defined sexually transmitted diseases as a group of infectious diseases in which the main form of spread is by sexual activity or contact. Sexually transmitted diseases can thus be defined as diseases that can be contracted through unprotected sexual activities. Nwankwo (2003) further averred that sexually transmitted diseases are those diseases caused by a variety of organisms that are capable of being transmitted sexually. They include curable ones like gonorrhoea, syphilis, and Chlamydia infection as well as incurable but modifiable ones like HIV, herpes simplex, human papillomavirus (HPV), and hepatitis B infections

STDs and their complications rank in the top five disease categories for which adults seek health care (WHO, 2011). The problem with most STDs is that they are asymptomatic (WHO, 2011). About 70% of women with gonococci and Chlamydia infections experience no symptoms at all and therefore STIs can thus be passed on unawares during unprotected sexual intercourse (WHO, 2011). The consequences of untreated STDs have adverse implications for reproductive and maternal health such as ectopic pregnancy, infertility, pelvic inflammatory disease and cervical cancer (WHO, 2011). According to estimates of WHO, 448 new cases of curable STDs (syphilis, gonorrhoea, Chlamydia & trichomoniasis) occur annually throughout the world mostly in people aged 15-49 years. This does not include HIV and other STDs which continue to adversely affect the lives of individuals and communities worldwide. The majority of these infections occur in low and middle-income countries in Latin America, Sub-Saharan Africa and Southeast Asia.

It is estimated that in Sub-Sahara Africa 69 million new cases of STDs are recorded annually and these infections play a major role in contributing to poor reproductive health, especially in women (WHO, 2007). The disturbing feature seen in most developing countries is that since the emergence of HIV/AIDS so much attention has been placed on it leading to a situation where knowledge of HIV/AIDS within the population is high due to increased information and education through several media including mass communication media (Adler, Cowan, French, Mitchell, & Richers, 2004). It, however, appears that not much effort has been extended to other traditional STIs of which there is still a great deal of ignorance.

STIs (excluding HIV) were estimated to be the second commonest cause of loss of healthy life after maternal morbidity, other studies have estimated that 5% of the total healthy life years lost in Sub-Saharan Africa are caused by STIs excluding HIV and that HIV alone accounts for 10% of healthy life years lost (Adler, et al, 2004). The lack of proper awareness and knowledge regarding other STDs may leave a large population of men and women vulnerable to contract infections. Awareness and knowledge regarding STIs are a general prerequisite for the prevention of STI infections, although knowledge and awareness have been reported to have a limit. It has now been recognized that there is a synergy between most STIs and HIV infection, particularly ulcerative and inflammatory conditions such as genital ulcer and syphilis (Adler, et al, 2004).

According to Adebowale, Musibau, Adeniyi and Odunayo (2013), Nigeria has a fast-growing population and is confronted with numerous health challenges. With the growing rate of the country's population, it appears that the future of the country rests to a greater extent, on how successful her youth have a transition to healthy and productive adulthood. STDs remain a major public health challenge because of their health consequences, several complications especially among women who excessively bear long term consequences (Adebowale, et al, 2013). The prevalence of STDs among Nigerian female youths is 17 per cent, and that STDs causes infertility in women and increases the risk of transmission of HIV/AIDS (Nwankwo, 2003).

In Nigeria, it is a serious problem because it affects an estimated one-quarter of sexually active teenagers in the country. The prevalence is high in various locations due to the poor knowledge of the diseases and the beliefs attached to it as a result of insufficient and inadequate information available to the teeming population from various quarters, especially sexually active adolescents (Oluyemi, Yunusa, Abdullateef, Sunday & Kehinde. 2015). More so, a report on the reproductive health of adolescents in Nigeria indicates that many adolescents initiate sexual intercourse at an early age and engage in high-risk sexual behaviours such as unprotected sex and multiple sexual partners which expose them to sexually transmitted diseases, unwanted pregnancy and illegal abortion among others (UNAIDS, 2006).

The commonest STDs include HIV&AIDS, non-specific genital infection (NSGI), Candidiasis, Gonorrhoea, Trichomoniasis, Genital Warts, Syphilis, Herpes, Genitalia Tines (Crurus), Scabies and Gardenerella Vaginalisis. Others are Hymphorgramutoma, Varecem, Choncroid and Vereophobia among others (Ugwu, 2012). The tragedy of premarital sex among adolescents is that they engage in

frequent sexual activities without proper knowledge of what is involved (Okeke, 2006). In another opinion, Achalu (2003) emphasizes that those who engage in high-risk behaviours such as indiscriminate sex with many partners or those who pick partners from the streets have an increased chance of being infected. Furthermore, Ijezie (2007) opined that sexual practices such as anal intercourse, oral intercourse, homosexuality, heterosexuality and deep kissing are associated with a high risk of contracting these diseases especially the virus that causes AIDS. Also, Owolabi, (1995) described some of the prevalence of STDs in Nigeria is due to sexual promiscuity, and homosexuality, lack of sex education, self-medication and drug abuse among secondary school students.

Empirical reports showed that adolescents and young adults, aged 15–24 years, are more at risk for STIs than older adults. For instance, the WHO estimates that 20% of persons living with HIV/AIDS are in their 20s and one out of twenty adolescent's contract an STI each year (Olasode, 2007). Youths are more likely to practice unprotected sex, have multiple sexual partners, and have trans-generational and transactional sex. The cervical lining in female adolescents and young women makes them more predisposed to STIs. In addition, they may have problems getting the required information, services, and supplies they need to avoid STIs. They may also experience difficulties in accessing STI prevention services because they do not know where to find them, do not have transportation to get there, or cannot pay for the services. Even if they can obtain STI prevention services, they may not feel comfortable in places that are not youth-friendly (Tilson, Sanchez & Ford, 2004).

Untreated or poorly treated STIs are associated with a lot of complications. In males, gonorrhoea, as well as Chlamydia trachomatis infection, causes epididymitis which can result in infertility in the future. In addition, inflammatory urethral stricture may arise from poorly treated gonococcal urethritis in the future (Tilson, Sanchez & Ford, 2004). This may lead to urinary retention and possibly chronic renal failure if not properly managed. For the females, pelvic inflammatory disease, dyspareunia, infertility, chronic pelvic pain, increased risk of ectopic pregnancies, abortions, stillbirths, and perinatal and neonatal morbidities can occur, jeopardizing their future reproductive competencies (Adegun, Solomon, Adegoke, Ade-Ojo, & Fape, 2013).

Knowledge of STIs and their complications is important for adequate prevention and treatment, as people who do not know the symptoms may fail to recognize the need to seek help. Adolescents, especially those in secondary schools are likely to engage in risky sexual practices and this increases their chances of contracting sexually transmitted diseases or infections. The focus of this study is to investigate: (i) the level of awareness of sexually transmitted diseases and (ii) influence of moderating variables of gender, school type, and access to information on social media on awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State.

To achieve the study objective, the following null hypothetical statement was formulated:

There is no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on gender School type and access to information on social media.

Material and Methods

The descriptive design of the survey method was used in this study. The descriptive survey method enables a researcher to obtain the opinions of a representative sample of a target population to generalize it to the entire population (Daramola, 2006). In view of this, a descriptive survey was considered appropriate for this study as the researcher is interested in gathering information on the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State.

The population for the study comprised all secondary school students in Ilorin-East LGA, Kwara State, while the target population consists of selected secondary school students from Ilorin-East LGA. Ten (10) secondary schools were randomly selected from Ilorin-East LGA, Kwara State using

the dip-hat sampling method. A simple random sampling technique was further used to select 20 students from each of the secondary schools earlier selected making a total number of two hundred (200) respondents.

A self-designed instrument titled "Awareness of Sexually Transmitted Diseases Questionnaire" (ASTDQ) was used for the study. The questionnaire was divided into two sections (i.e. A and B). The first section comprises the demographic data of the respondents including gender, school type and access to social media while section B consisting of 20 items on the awareness of sexually transmitted diseases, which the respondents filled based on their perception using the following scoring format: Strongly Agree (SA) = 4 points, Agree (A) =3 points, Disagree (D) = 2 points and Strongly Disagree (SD) 1 point. The highest possible score for the items is 80 (20x4) and the lowest score is 20 (20x1) the range is 60 (80-20) thus the midpoint is 30 (60/2). The cut-off point will be 80 and 30 i.e. maximum score minus the mid-point of the range 20 + 30 = 50. This means that respondents who scored 50 to 80 are aware of sexually transmitted diseases and respondents who scored 49 and below are not aware of sexually transmitted diseases. The instrument was validated by experts in the Department of Counsellor Education and was also subjected to reliability through a coefficient of stability using a Pearson moment correlation coefficient formula and a coefficient of 0.67 was obtained.

The respondents are expected to tick each statement according to their level of agreement or disagreement and the items were scored on 4 points Likert – type rating scale. The percentage was used to analyze the demographic variables of the respondents and to answer major research questions. All hypotheses were tested using a t-test at a 0.05 level of significance.

The researcher sought the consent of the selected participants and established rapport with them; provide appropriate instructions and clarification on how to respond to the items to encourage respondents' accurate and prompt response to the instrument. Participants are allowed to participate willingly in the study and were assured of the confidentiality of their responses as they will be used for research purposes Thus, they were not asked to write their names or addresses to ensure anonymity. The participants were also assured that they will not be exposed to any risk during and after the research.

The researcher employed percentages to analyse the demographic data and to answer the research question while t-test statistics was used to test the research hypotheses formulated. All hypotheses were tested at a 0.05 level of significance

Results and Discussion

Demographic Description of Respondents

Table 1: Demographic Characteristics of the Respondents based on Gender, School Type and access to Social Media

Variable	Frequency	Percentage (%)
Gender		
Male	83	41.5
Female	117	58.5
Total	200	100.0
School type		
Private	60	30.0
Public	140	70.0
Total	200	100.0
Information		
Yes	180	90.0
No	20	10.0
Total	200	100.0

Table 1 shows the distribution of respondents based on gender, school type, parent's educational status and access to social media. The result on the table indicates that 83 (41.5%) were males while 117(58.5%) were female. Also, 60 (30.0%) of the respondents were from private schools while 140 (70.0%) of the respondents were from public schools. Lastly, 90.0% (180) of the respondents have access to information on social media, while 10.0% (20) of the respondents do not have access to information on social media.

Research Question 1: What are the levels of awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State?

Table 2: Mean and Rank Order on the Respondents' Awareness of Sexually Transmitted Diseases

Item no	I am aware that:	Agreed (%)	Disagreed (%)
1	genital herpes is caused by the same virus as HIV	196 (98.0%)	4 (2.0%)
2	frequent urinary infections can cause Chlamydia	196 (98.0%)	4 (2.0%)
3	gonorrhoea is a sexually transmitted disease	196 (98.0%)	4 (2.0%)
4	it is easier to get HIV if a person has another sexually transmitted disease	196 (98.0%)	4 (2.0%)
5	Human papilomavirus (HPV) is causes by the same virus that causes HIV	195 (97.5%)	5 (2.5%)
6	having anal sex increases a person's risk of getting STDs	187 (93.5%)	13 (6.5%)
7	sometimes after infection with HIV a person develops open sores on his or her genitals (penis or vagina)	184 (92.0%)	16 (8.0%)
8	all STDs are mostly transmitted through sexual intercourse	188 (94.0%)	12 (6.0%)
9	a person can tell by the way his/her body feels if she has a STD	180 (90.0%)	20 (10.0%)
10	there is vaccine available to a person from getting STDs	188 (94.0%)	12 (6.0%)
11	if a person had gonorrhoea in the past he/she is not immune (protected) from getting it again	187 (93.5%)	13 (6.5%)
12	STDs symptoms manifest earlier in men than women	187 (93.5%)	13 (6.5%)
13	condom can protect someone from contacting STDs	196 (98.0%)	4 (2.0%)
14	STDs can lead to health problems that are usually more serious for men than women	168 (84.0%)	32 (16.0%)
15	a woman who has genital herpes can pass the infection to her baby during childbirth	161 (80.5%)	39 (19.5%)
16	a man can protect himself from getting genital warts (soft growths that appear on the genitals) by washing his genitals after sex.	179 (89.5%)	21 (10.5%)
17	syphilis is a sexually transmitted disease caused by bacteria	192 (96.0%)	8 (4.0%)
18	symptoms of gonorrhoea include pain, difficulty in urination and blood stain	187 (93.5%)	13 (6.5%)
19	sexually transmitted diseases cannot be transmitted through deep kissing	180 (90.0%)	20 (10.0%)
20	sexually transmitted diseases can be transmitted through blood transfusion	175 (87.5%)	25 (12.5%)

Table 2 presents respondents' awareness of sexually transmitted diseases. The table indicates that items 1, 2, 3, 4 and 13 which states that respondents are aware that genital herpes is caused by the same virus as HIV, frequent urinary infections can cause Chlamydia, gonorrhoea is a sexually transmitted disease, it is easier to get HIV if a person has another sexually transmitted diseases and condom can protect someone from contracting STDs respectively have the highest percentage scores of 98.0% while the item 15 which states that "a woman who has genital herpes can pass the infection to her baby during childbirth" has the lowest percentage score 80.5%. Since all the items have above 50% score, then it can be concluded that respondents are aware of sexually transmitted diseases.

Hypotheses Testing

Three null hypotheses were postulated and tested in this study using t-test statistical methods at a 0.05 level of significance.

Hypothesis One: There is no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin East LGA, Kwara State based on gender

Table 3: Mean, Standard Deviation and t-value on the Respondents' Awareness of Sexually Transmitted Diseases Based on Gender

Gender	N	Mean	SD	Df	Cal. t-value	Crit. t-value	p-value
Male	83	64.78	3.75	198	2.37*	1.96	.019
Female	117	63.43	4.13				

Table 3 shows that the calculated t-value of 2.37 is greater than the critical t-value of 1.96 with a corresponding p-value of .019 which is less than 0.05 alpha level of significance. Since the p-value is less than the alpha level, the hypothesis which states that there is no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on gender is therefore rejected.

Hypothesis Two: There is no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on school type

Table 4: Mean, Standard Deviation and t-value on the Respondents' Awareness of Sexually Transmitted Diseases Based on School Type

School	N	Mean	SD	Df	Cal. t-value	Crit. t-value	P-value
Private	60	63.93	3.94	198	0.13	1.96	.90
Public	140	64.01	4.07				

Table 4 shows that the calculated t-value of 0.13 is less than the critical t-value of 1.96 with a corresponding p-value of .90 which is greater than the 0.05 alpha level of significance. Since the p-value is greater than the alpha level, the null hypothesis is accepted, therefore there is no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on school type.

Hypothesis Three: There is no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on access to information on social media

Table 5: Mean, Standard Deviation and t-value on the Respondents' Awareness of Sexually Transmitted Diseases Based on Access to Information on Social Media

Access	N	Mean	SD	Df	Cal. t-value	Crit. t-value	p-value
Yes	180	63.80	4.14	198	2.01*	1.96	.05
No	20	65.70	2.08				

Table 5 shows that the calculated t-value of 2.01 is greater than the critical t-value of 1.96 with a corresponding p-value of .05 which is less than 0.05 alpha level of significance. The null hypothesis is rejected since the p-value is less than the alpha level, therefore there is a significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on access to information on social media.

Discussion of findings

The study revealed that respondents are aware of sexually transmitted diseases. The majority of the respondents (98.0%) are aware that genital herpes is caused by the same virus as HIV; frequent urinary infections can cause Chlamydia, and gonorrhoea is a sexually transmitted disease. The finding of the study corresponds with the finding of Ray and McMillan (2008) who found that knowledge of genital herpes among patients attending an outpatient genitourinary clinic in Scotland is reasonable. Similarly, Narouz, Allan and Wade (2003) found that 67% of the respondents were aware that an active herpes virus may cause HIV. The finding of the study is not in line with the submission of Macmillan, Walker, Oloto, Fitzmaurice and Templeton (1999) who found poor awareness and knowledge of Chlamydia genito-urinary infection among sexually active women in the UK. It was reported that half of the study population had never heard of Chlamydia. The findings of the study support the study of Nsuam, Sanders and Taylor (2010) who found that 70.4% of the total group mentioned gonorrhoea as a sexually transmitted disease. Also, Amu and Adegun (2005) found that eighty per cent of the respondents knew only one STI and the two most commonly mentioned ones were HIV/AIDS and gonorrhoea.

The study revealed a significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on gender. This implies that male and female respondents were different in their level of awareness of sexually transmitted diseases. The difference could be as a result of the fact females are exposed to reproductive health and hygiene by their mother, female relatives or friends compare to males. This finding corroborates with the findings of Samkange-Zeeb, Mikolajczyk and Zeeb (2011) who found that girls knew different types of STIs than boys. Likewise, Racquel (2015) also found a significant difference in the STDs knowledge of females which was slightly higher than males.

Based on school type, there was no significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State. This implies that no difference was found in the respondents' awareness on based school type. This might be because students in public and private schools are taught about STIs in subjects like Basic Science, Biology, and Home Economics. The finding is in line with the finding of Amu and Adegun (2015) who found that school type did not significantly influence the awareness and knowledge of sexually transmitted infections among secondary school adolescents in Ado-Ekiti.

Hypothesis three revealed that there was a significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on access to information on social media. This implies that a difference was found in the respondents' awareness on based access to information on social media. This might be because not everybody has access to social media or use it for educative purpose. This submission is in line with the finding of Svensson and Waern (2013) who noted that accessing social media did not significantly contribute to adolescents' knowledge of and attitudes to sexually transmitted diseases.

Conclusion

Based on the findings of this study it can be concluded that secondary school students in Ilorin-East LGA are aware of sexually transmitted diseases. The majority of the respondents (98.0%) are aware that genital herpes is caused by the same virus as HIV; frequent urinary infections can cause Chlamydia; gonorrhoea is a sexually transmitted disease; it is easier to get HIV if a person has another sexually transmitted disease; condom can protect someone from contracting STDs among others. Also, there was a significant difference in the awareness of sexually transmitted diseases among secondary school students in Ilorin-East LGA, Kwara State based on gender and access to information on social media but no significant difference was found based on school type.

Recommendations

Based on the findings of this study, it is recommended that:

1. School counsellors in collaboration with mental health nursing experts should sensitize adolescents about sexuality education to prevent them from contracting STDs.
2. Ministry of Education should inculcate reproductive health as a subject to different levels of education to continue to create awareness of sexually transmitted diseases and prevention among adolescents.
3. The counsellors should encourage students who have access to information on social media to use it for educative purposes especially on health education.
4. Guidance counsellors should cooperatively work together with other socialization agents such as health care personnel, parents, guardians, peer groups and society at large in waging war against the prevalence of risky sexual behaviour among adolescents from which they can contract STDs.

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ASSESSMENT OF ATTITUDE TOWARDS PREMARITAL GENOTYPE SCREENING FOR SICKLE CELL DISEASE AMONG UNIVERSITY STUDENTS IN NORTH WEST ZONE OF NIGERIA

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Abstract