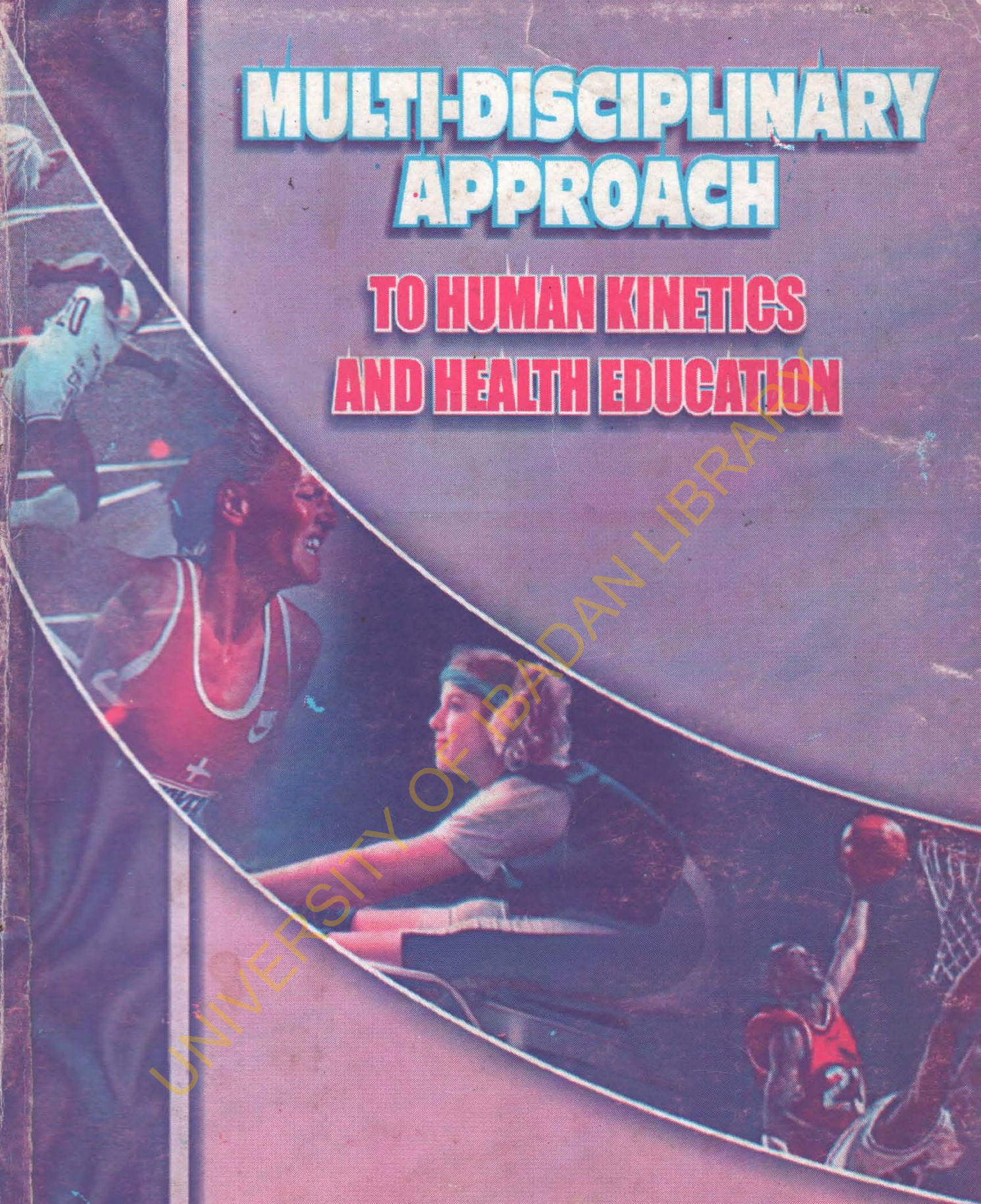


MULTI-DISCIPLINARY APPROACH

TO HUMAN KINETICS AND HEALTH EDUCATION



**A BOOK OF READING IN HONOUR OF
PROFESSOR 'YOMI AWOSIKA**

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Knowledge and Reported Symptoms of Selected Sexually Transmitted Infections among Female Secondary School Students in Oyo State, Nigeria

Ruth Ochanya Adio-Moses*

Abstract

This study examined the knowledge and reported symptoms related to some selected sexually transmitted infection (STIs) among Female Secondary School Students in Oyo State, Nigeria. The participants (N = 928) were chosen through purposive sampling technique and a self-developed (42-item) validated questionnaire with 0.86 reliability was used as research instrument. Data collected were analysed with descriptive statistics of frequencies and percentage. Results showed that the level of sexual activity among the participants was significantly high. They had significant knowledge of gonorrhoea disease. Knowledge of syphilis and HIV/AIDS was however, not significant. A significant number of the participants had reported symptoms related to gonorrhoea within the last six months to this study. This result emphasis the need for change in risky behaviours. School campaigns should stress the need for behavioural change. Youth-friendly services, low-cost diagnosis and treatment techniques should also be made available to students, as this would be helpful in reducing the incidence of STIs. Health education would go a long way in controlling the spread of STIs among female adolescents in Nigeria.

Introduction

Sex, when started at the right time and with the right guidance could bring about enjoyment, pleasure and a special understanding of its consequences, therefore resulting in caution (Moronkola, 2000). But when started at the wrong time it could bring about sadness, pain, unwanted pregnancies,

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confusion, lack of caution and diseases. These diseases are mostly Sexually Transmitted Infections (STIs).

The World Organisation (WHO) (1986) defined Sexually Transmitted Infections as a group of communicable diseases that are transferred predominantly by sexual contact; they are now the commonest group of notifiable infectious diseases in most countries. Despite some fluctuation in their incidence they continue to occur at unacceptably high level.

White (1997) and WHO/Adolescent Health Programme, (ADHP) (1998) classified STIs from a historical perspective into three categories; the traditional venereal diseases of syphilis, gonorrhoea, candidiasis and chancroid. These made up a minority of all STIs in industrialized countries but remain a more significant proportion of STIs in developing nations; the second generation of chlamydia infection, hepatitis B, herpes and warts. HIV is the third and most recent addition to the list of STIs. STIs are found predominantly among the young sexually active members of a population, with the highest rate amongst those aged 15-29 years (Population Reports 1999).

Nigeria has already reached an alarming stage in the spread of STI's/HIV, public awareness is low; and the national health machinery is not adequate in combating the scourge due to financial constraints and shortage of health personnel Adamu (2003). Wallis (1995) revealed that one in every ten sexually active teenage contacted an STI each year. The most prevalent STIs among adolescents as observed by the International Association for Adolescents Health, (IAAH) (1991) includes Gonorrhoea, Candidiasis, Syphilis, Herpes and HIV.

The PRB (2000) explains that adolescent women in particular are more susceptible to STIs. They are at a biological disadvantage because they have fewer protective antibodies than older women. The immaturity of the cervix also increases the likelihood that exposure to the infection will result in the transmission of these diseases. Their risk of contracting an STI increases their susceptibility to HIV/AIDS and so, their risk of spreading these infections is especially high. The I.A.A.H. (1999) revealed that in some communities up to one-third of adolescent women in their childbearing years are infertile with 80% of that infertility being attributed to STIs. Moronkola, Odu & Nwajei (1999) in a survey of Female Secondary School Students in Ibadan, noted that female students engage in prostitution nowadays as they see sex as a power game instead of share pleasure and so use it to get financial reward. These attitudes according to the PRB (2000) increase the spread of STIs especially among females.

Previous study by Olaseha, Dada and Ajuwon (1998) revealed that their female respondents reported at least one or more symptoms related to STIs. Some of the symptoms mentioned were severe itching, foul smelling discharge and painful urination. A survey by Temin; Okonofua; Omoridion; Ronne; Coplan; Kris and Keufman, (1999) also showed that students talked about what they had their peers do when they experience STI symptoms. For those who chose to divulge their symptoms to someone, telling friends was the most common choice. In half of the groups however, participants stated that students with STIs usually do not tell anyone about their condition.

In any community, students (especially in secondary school) constitute a significant group that deserves special attention in the prevention of sexually transmitted infections. Sabo (1999) stated that the highest concentration of adolescents are in our schools and due to the unlimited freedom they have, they involve themselves in behaviours and practices that are risky to their health.

Ibadan as a typical cosmopolitan city in Nigeria is occupied by many ethnic grouping; it is a melting pot of cultures, which evolves a consequent high breed that belongs to no particular immigrant group or community. The result naturally is erosion of basic ethnic African values, morals and traditions. Due to this, the adolescent female are at a physical and biological disadvantage; physical, because they are easily swayed and deceived and biologically, because they are susceptible to acquisition of STIs.

The focus of this study therefore is to provide deeper insight into female secondary school student's knowledge and reported symptoms of selected STIs. This is because of its health and economic implications on the female adolescent population and the nation as a whole. For Health Education intervention to be effective it must be appropriate to the specific needs of the population being addressed.

Methodology

Population

The questionnaires used in this study was developed by the researcher and validated by experts in Human Kinetics & Health Education as well as lecturers in other relevant departments. Validity was determined on face content and constructs bases indicating the questionnaire was testing what it was intended. Reliability of 0.86 was determined.

The researcher together with the school guidance counselors and the Health Education teachers in each school administered questionnaire,

which were collected on the spot.

Methodology

Population: The population of this study was made up of all senior secondary school students in nine female only schools in Ibadan.

Research Design: A descriptive survey research design was adopted for this study due to the large size of the population and the schools are not in close proximity to each other.

Sample and Sampling Technique: The purposive sampling technique was used to randomly select ten percent of students in three different levels of senior secondary school sections. The nine female (only) secondary schools in Ibadan that showed interest in the study were sampled. Students in each class in each school were sampled through balloting and this gave a total of 928 respondents who participated in the study. The element of volunteerism was used to replace some randomly selected students who declined to participate in the study. Twelve students were replaced, which means that the majority of those sampled initially formed the sample.

Research Instrument: The questionnaire developed for this study has items testing for knowledge, Attitude and self Reported Symptoms of Selected Sexually Transmitted Infections among Female Secondary School Students. Experts in health education and reproductive/sexual health among others validated it. The Pearson Product Correlation Coefficient (7) of 0.86 was obtained for reliability of the instrument. The study, which was on knowledge, Attitude and self-reported symptoms of sexually transmitted infections among in-school adolescent female students, was a large one. This article will only report the results on knowledge and self reported symptoms of sexually transmitted infections among in-school adolescent female students in Ibadan.

Procedure for Data Collection: The cooperation and permission of the principals in the nine schools were sought and obtained to carry out the study. Physical and health education teachers and school guidance counselors in the schools were also approached and trained as research assistants. The involvement of the schools staff ensured easy, prompt and effective administration of the questionnaire.

Procedure for Data Analysis: The descriptive statistics of frequencies and percentage were employed to analyse the data collected.

Data Analysis & Discussion

Age of Respondents

Out of the 928 respondents, 6 (0.6%) did not indicate their age, 15 (1.6%) were between 10-12 years, 358 (38.6%) were between 13-15 years, 454 (48.9%) were between 16-18 years, 85 (9.2%) were 19-21 years, while 10 (1.1%) were above 22.

This data showed that the highest number of respondents for this study where seen between the age bracket 16-18 years. A further analysis of data revealed that 320 (31.2%) of the respondents who have reported one or more symptoms where found in the 16-18 age bracket.

Hypothesis One

Female Secondary School students in Ibadan will not have significant knowledge of Gonorrhoea

Table 1: chi-square analysis for responses on knowledge of gonorrhoea

RESPONSES	SD	D	A	SA	TOTAL
Observed Frequency (FO)	171	174	351	232	928
Percentage (%)	18.4%	18.8%	37.8%	25.0%	100%

$$X^2 = 72.45825, \quad DF = 3, \quad P = 0.000 < 0.05$$

Table one shows that the calculated chi-square of 72.4583 was greater than the table value of 7.815, which is significant. The above hypothesis was rejected. Therefore the female secondary school students in Ibadan had knowledge of gonorrhoea.

This finding supports the finding of Makinwa-Adebusoye, (1991) who reported that 75.0% of female students within the ages of 12-24 had knowledge of Gonorrhoea. A similar study conducted in the eastern part of Nigeria by Temin et al (2000) among in and out of school 11-28 years olds also revealed that the respondents had basic knowledge of Gonorrhoea.

Hypothesis Two

Female Secondary school students in Ibadan will not have significant knowledge of syphilis.

Table 2: Chi-square analysis for responses on knowledge of syphilis

RESPONSES	SD	D	A	SA	TOTAL
Observed Frequency (FO)	159	159	426	184	928
Percentage (%)	17.1%	17.1%	45.9%	19.8%	100%

$X^2=2.03646$, $DF=3$, $P=0.25370>0.05$,

Table two shows that the calculated chi-square of 2.0365 was less than the table value of 7.82 at 0.05 level of significant. The researcher therefore fails to reject the hypothesis, which stated that female secondary school students in Ibadan would not have significant knowledge of syphilis.

This result is in line with Makinwa-Adebusoye's (1991) findings, which revealed that only 25.1% of the respondents he used had knowledge of syphilis. He stressed that the respondents had more knowledge of AIDS and Gonorrhoea. This could be due to the several advertisements and campaign about these STIs.

The implications according to the WHO (1999) and PRB (2000) is that many young people are exposed to health risks associated with sexual activity, including exposure to STIs due of lack of knowledge.

Hypothesis three

Female secondary school students in Ibadan have not reported significant symptoms related to gonorrhoea in the last six months

Table 3: Chi-square analysis for responses on reported symptoms related to gonorrhoea

RESPONSES	YES	NO	TOTAL
Observed Frequency (FO)	325	603	928
Percentage (%)	35.0%	65.0%	100%

$X^2=34.65969$, $DF=2$, $P=0.000<0.05$

Table three shows that the calculated X^2 of 34.6597 was greater than the table value of 5.99. The above hypothesis was rejected. The result shows that the students had reported significant symptoms related to gonorrhoea in the last six month to the study.

This is in line with the findings of Olaseha and Ajuwon (1998). They revealed that each of their 196 respondents who had sex in the year

preceding the survey have had or reported at least one symptom of either, painful and burning sensation during urination or itching. Some other symptoms of gonorrhoea were also mentioned.

The implication of reporting symptoms related to gonorrhoea to a friend, relative or parents in the last six months, especially if they are not professionals could lead to serious complications such as infertility, disability and even death (PRB 2000).

Hypothesis four

Female secondary school students in Ibadan have not reported significant symptoms related to syphilis in the last six months

Table 4: Chi-square analysis for responses on reported symptoms related to syphilis

RESPONSES	YES	NO	TOTAL
Observed Frequency (FO)	241	687	928
Percentage (%)	26.0%	74.0%	100%

$X^2=0.63206$, $DF=2$, $P=0.72904 < 0.05$

Table four shows that the calculated X^2 of 0.6321 was less than the table value of 0.7291.

The researcher therefore fails to reject the above hypothesis. It was concluded that female secondary school students in Ibadan have not reported significant symptoms related to syphilis in the last six months.

241 (26.0%) of the respondents however indicated that they had reported symptoms of open sores in or near the vagina. This result is not cheering as Apple and Collins (2001) recorded that in women, the symptoms of syphilis is a small sore on the lips of the vagina occurring one to three months after infection.

This result is in line with the findings of Olaseha and Ajuwon (1998). They observed that their respondents did not report significant symptoms related to syphilis. But few reported having ulcers and sores around the vagina in the past.

Conclusion

The term adolescent was defined by UNAIDS/WHO (1999) as "the state or process of growing up or the period of transition from childhood to adulthood both the development of sexual maturity to psychological and realistic economic independence.

In most part of the world mid to late adolescent is a time for experimentation and risk taking often with little regard for the possible consequences (PRB 2000) young women and men are under strong social and peer group pressure to engage in unsafe pre-marital sex.

Achalu, (1999) believed that the negative consequences of adolescent sexuality in relation to STIs are important not simply because they can cause acute symptoms, but because they can have damaging long-term effect on personal health and the health of a nation as a whole.

STIs when not properly treated result in severe illness, infertility and sometimes death. PRB (2000) noted that STIs are a serious threat to the female adolescents because they face special obstacle in obtaining diagnosis and treatment. The lack of youth-friendly services for STI diagnoses and treatment has not helped the situations.

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Youth Intervention and awareness programmes must lay emphasis on providing basic information about STIs. It is very important for youths to be told and educated properly about the various curable and incurable STIs (e.g. Gonorrhoea, syphilis etc). Time should be taken to discuss the diseases and infections individually (Nature of the infection, causative agents, modes of transmission, incubation periods, treatment and prevention are all detailed facts that need to be taught).
Health educators, doctors and nurses should be involved in all youth friendly programme and these.
2. Youth-friendly preventive and control programme should provide.
 - Information that many STIs can be treated and cured
 - Information that early treatment is necessary to avoid complications and damage.
 - Information that symptoms and signs may not be notice, particularly in women until complication appears.
 - Description of recognizable signs and symptoms
 - Advice that it is important to visit the hospital & STI centers to confirm the problem and seek medical advice and possible cure. All the above was recommended by WHO/USAID (1999).

3. Establishing youth-friendly services, with low-cost or free diagnosis and treatment in schools, colleges, Universities, towns and every area where youths are found most. This is the best way to increase access not only to treatment but also information on prevention.
4. Female adolescents should be involved in programme development and implementation, to their peers. Also, using their language to describe STIs and its various symptoms would make educational messages more meaningful to other female adolescents.

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