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Teens' Awareness of Sexually Transmitted Infections: Evidence from some Rural Communities in Kwara State NigeriaAdejoke Adijat Joseph¹, Oluyemi Adesoji Joseph², Bukola Lateefat Olokoba³

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Abstract

This study investigates awareness of some Sexually Transmitted Infections among high school students in some rural communities in Kwara State Nigeria. The study aimed to assess the level of awareness of Sexually Transmitted Infections among teenagers in the study area and to determine the most common source of information on Sexually Transmitted Infections among participants. The study was conducted in two public secondary schools in two rural communities in Kwara State using a self-administered structured questionnaire to collate data. A total of 330 participants, selected through a multi-stage sampling method with a mean age of 15.8 ± 2.6 were included in the study. Data retrieved from the field was analysed using Statistical Package for the Social Sciences (SPSS version 19). Data was presented in tables comprising frequencies and simple percentages. Results from the study revealed that (79%) of the participants have heard of Sexually Transmitted Infection previously while the most commonly known Sexually Transmitted Infection among participants is gonorrhoea (64.3%) followed by HIV/AIDS (50.8%). The highest source of information of Sexually Transmitted Infections among the participants is the school (57.1%), followed by the family (46.5%) while internet and social media was the least channel of information (16.1%). Wider dissemination of adequate information on Sexually Transmitted Infections and sex related issues is strongly recommended in the study area.

Keywords: /Chlamydia/Gonorrhoea/ HIV/AIDS/ Internet /School/Teenagers/

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1. Introduction

In recent years, Sexually Transmitted Infections (STIs) among teenagers have become a global public health concern, and regrettably, Nigeria is no exception (Ikeako, Ekwueme & Okeke, 2014). Hence issues surrounding STIs among teenagers cannot be overemphasised. Teenagers are particularly vulnerable to STI infections due to their age and behaviour which is usually adventurous (Mobey, 1996). Incidentally, about 1.7 billion people of this category representing over one-quarter of the total world's population who are pre-disposed to STIs lives in developing countries including Nigeria (Population Reference Bureau, 2000).

Research conducted in some locations in various parts of Nigeria has shown a high incidence of STIs among teenagers (Brabin, Kemp, Dollimore, Obunge, Ikimalo, Briggs, Odu, and Hart, 1995). Ikimalo (1999) has also confirmed incidence of early sexual debut among teenagers in some quarters in the country with evidences of risky sexual behaviours such as unprotected sex and multiple sex partners (UNAIDS, 2006). According to Brabin et al. (1995), STIs can cause major reproductive health burden on individuals such as sores and bumps on the body, genital ulcers, skin rash, dyspareunia, scrotal pain and pelvic pain. STIs can also cause infertility, septic abortion, ectopic pregnancy (Centers for Disease Control and Prevention, 2013), cervical cancer (Simard, Pfeiffer & Engels, 2011), and even increased risk of HIV/AIDS especially when a genital ulcer is present (Braverman, 2008).

Unfortunately, very little information is available for teenagers especially with the competing system of indigenous and Western medicine (Mmari, Oseni & Fatusi, 2010). Information on signs and symptoms of the infection, treatment modalities, preventive and control measures among this category of people are usually scanty despite their high fractional proportion in the Nigerian population. Research has shown that several teenagers seek treatment from non-professionals such as traditional healers, patent medicine sellers, and only turn to public formal health care providers as last resort when situation gets out of hand (Dehne & Riedner, 2005).

Among the numerous factors that influence this decision notably include, the negative societal perception and resultant attitude of health professionals (Huntington, Lettenmaier & Obeng-Quaidoo, 1990). Some studies have shown that often times, teenagers feel unwelcome in the hospital due to negative societal perception and negative attitude of medical professionals and are sometimes refused services (Huntington, Lettenmaier & Oben-Quaidoo, 1990 & Mfon, 1998). It is against this background that, this study has been conducted.

1.1 Specific Research Objectives

- To assess the level of awareness of some sexually transmitted infections among participants in the study area.
- To determine the sexually transmitted infection mostly known by participants in the study area.
- To determine the sources of information on sexually transmitted infections among participants in the study area.

2. Theoretical Perspective

A. Diffusion of Innovations Theory

Diffusion theory, also known as the Diffusion of Innovations Theory was put forward by Rogers in 1995. The main concern of the theory is the spread of innovation, ideas, and technology through culture or cultures. The theory hypothesized that there are many qualities in different people that make them to either accept or reject an innovation. Rogers (1995) further proposed five stages that are imperative to accepting or rejecting any innovation. The first stage referred to as *knowledge* is when an individual becomes aware of an innovation but has no information about it. The second stage known as *persuasion* is when an individual becomes keenly interested in seeking knowledge about the innovation. The third stage is referred to as *decision*, where individuals weigh the advantages and disadvantages of the innovation and decide whether or not to accept it. After the decision stage is the *implementation* stage in which the individuals actually accept and use the innovation. The last stage is the *confirmation* stage where individuals decide whether or not to continue the particular innovation based on personal experience with it.

Given these propositions, this study therefore hypothesises that the quality of channel in which STIs information is passed to teenagers in the study area will determine if they are persuaded to accepting or rejecting the information which will equally determine if they continue to make use of the information received as they interact with people around them especially those of the opposite sex.

However, critics have criticised the Diffusion of Innovation theory for not being able to account for all variables, and therefore might miss critical predictors of adoption of innovation (Plsek, 2001).

B. Knowledge Gap Theory

Knowledge Gap theory proposed by Tiechenor, Donohue and Olien in 1970 hypothesised that knowledge is a commodity that is not distributed equally in the society and the people at the top of the social ladder have better easy access to knowledge than those at the lower ebb of the society. According to the knowledge Gap theory, when new information emerge in the society, people at the top ladder of the social strata understand it better than those at the lower strata and hence the knowledge gap between this two classes of people tend to become wider. As a result of this, inequality sets in leading to a division into two groups in the society; i.e. people who know more about most things and those with lower status who know less.

Resting on the aforementioned propositions, this study, therefore, assumes that the level of awareness of STIs teenagers in the study area are privy to, is a function of their social status and as such, teenagers with lower socio-economic status especially those found in rural areas like the study area may likely lack required awareness of STIs when compared to their counterparts in the city who have better access to information through the internet and other contemporary forms of media.

However, Knowledge Gap Theory was criticised for assuming that the level of knowledge of a given phenomenon depends on the level of education of an individual

without considering the level of media publicity the phenomenon received (Gaziano, 1997).

Integrating the two theories to the study, this study, therefore, hypothesises that the channel in which information is disseminated to individuals in the society will go a long way in determining the extent to which the information will be accepted or rejected. It is also expected that the social status in which individuals belong in the society will equally strongly determine the level of information predisposed to them. Therefore, it is assumed that, because of the low social status of the teenagers in the study area, they are likely to have poor disposition to a modern form of media channels which may limit their level of awareness of STIs.

C. Methodology

The study was conducted in two public high schools in Asa Local Government Area of Kwara North-central Nigeria namely Community Secondary School, Ogbondoroko and Ansaru Islam Secondary School, Laduba. Primary data was retrieved from the field through self-administered questionnaires containing closed and open-ended questions. The questionnaire was divided into three sections. The first section contained questions relating to participants' social-demographic characteristics. The second section contained questions relating to awareness of STIs and the third section containing questions relating to channels of information on STIs among the participants. Multistage sampling method was employed in the study in which a total of 330 participants were involved. The Statistical Package for the Social Science (SPSS) 19.0 was used to analyse the data retrieved from the field. Data was presented in tables comprising of frequencies and simple percentages. Verbal permission was given by the school authorities to the researcher to conduct the research while the students were briefed on the significance of the study. The questionnaires were treated with anonymity to gain the confidence of the participants.

D. Results

Table 1 shows the socio-demographic characteristics of the participants. Male participants were 52.3% while females were 47.7%. Also, 43.3% of the participants in the study were between the ages of 13-15 years while 57% fall in 16-19 years range with a mean age of 15.8 ± 2.6 . A total of 69.6% of the participants were Muslims, while 45.5% were in secondary school three. In all, participants in the study were almost evenly distributed between male and female.

Table 1: Socio-Demographic Characteristics of Participants

Characteristics	Frequency	Percentages
Gender		
Male	172	(52.3)
Female	158	(47.7)
Total	330	(100.0)
Age in Years		
13-15	143	(43.3)
16-19	187	(56.7)
Total	330	(100.0)
Religion		
Christianity	100	(30.4)
Islam	230	(69.6)
Total	330	(100.0)
Class		
Senior Secondary 1	44	(13.3)
Senior Secondary 2	136	(41.2)
Senior Secondary 3	150	(45.5)
Total	330	(100.0)

Source: Researchers' Survey 2014

Table 2 shows result of STIs awareness among the participants. A total of 79.0% of the participants had heard of STIs previously. Further, 64.3% of the participants had heard about gonorrhoea before; 50.8% heard about HIV/AIDS, 24.5% about genital warts, 22.1% about syphilis, 12.0% about trichomoniasis, 11.2% about virginities, 5.4% about cancrroids, and 2.1% about Chlamydia. Thus, gonorrhoea was the STI that was mostly known among the participants.

Table 2: Awareness of some Sexually Transmitted Infections

Variables	Frequency	Percentages
Ever heard Sexually transmitted infections?		
Yes	261	(79.0)
No	69	(21.0)
Total	330	(100.0)
Which one of these STIs have you heard previously?		
Gonorrhoea	212	(64.3)
Syphilis	73	(22.1)
Trichomoniasis	40	(12.0)
Virginitis	37	(11.2)
Genital warts	80	(24.5)
HIV/AIDS	167	(50.8)
Cancroids	18	(5.4)
Chlamydia	7	(2.1)

Source: Researchers' Survey, 2014 multiple responses

Table 3 focuses on the channels of information on STIs among the participants. The school accounted for 57.1%. This was followed by family (46.5%), Medical Professionals (36.9%), Radio (29.3%), Television (26.1%), Friends (25.0%), Workshops and Seminars (21.4%), Newspaper and Magazines (16.8%) and Internet (16.1%). Thus, this result shows that the school accounts for the highest source of information on STIs among the participants.

Table 3: Channels of Information of STIs

Variables	Frequency	Percentages
How did you hear about the STIs that you know?		
School	188	(57.1)
Home	153	(46.5)
Medical Professionals	122	(36.9)
Over the Radio	97	(29.3)
On the Television	86	(26.1)
From my Friends	83	(25.0)
Workshops and Seminars	71	(21.4)
Newspapers and Magazines	55	(16.8)
On the Internet and Social Media	53	(16.1)

Source: Researchers' Survey, 2014 multiple responses

E. Discussion

The study focused on awareness of STIs among participants in the studied locations. Results from the study showed that about three quarters of the participants have heard of STI previously. This corroborates the study conducted by Nwabueze, Azuike, Ezenyeaku, Aniagboso, Azuike, Iloghalu, Ebulue, Epundu, and Nwone (2014) on the perception of Sexually Transmitted Infection preventive measures among Senior Secondary School students in Nnewi-North Local Government Area, Anambra State, Nigeria. The most known STI among the participants in the study was gonorrhoea, followed by HIV/AIDs. This finding is contrary to the previous study conducted by Nworah, Obiechina, Diwe and Ikpeze (2009) on the Knowledge, Awareness and Perception of Sexually Transmitted Diseases among Nigerian teenage girls in Onitsha, South-east Nigeria. The finding is also contradicts the study conducted by Amu and Adegun (2015), on Awareness and Knowledge of Sexually Transmitted Infections among Secondary School teenagers in Ado Ekiti, South-western Nigeria in which the most commonly known STI was HIV/AIDs which is strongly followed by gonorrhoea. This may have been as a result of the rural nature of the studied location when compared to the aforementioned locations that are characterised by city life with modern sources of information that may be lacking in the studied location.

The highest source of information on STIs known by the participants in the study area is school representing over half of the participants. This result corresponds with the findings from the study conducted by Aliyu, Dahiru, Ladan, Shehu, Abubakar, Oyefabi, and Yahaya (2013) on Knowledge, Sources of Information, and risk factors for Sexually Transmitted Infections among secondary school teenagers in Zaria, Northern Nigeria in which the highest source of information on STIs was the school but contradicts findings from the study conducted by Nwezeh (2008) on the knowledge of STI among Secondary School Students in Ife Central and Ife East Local Government Areas of Osun State, Southwest Nigeria in which the highest source of information of STIs was television. This may have also resulted from the cosmopolitan life experienced by the aforementioned previous study population

which is characterised by modern life when compared to the studied location that is characterised by rural life.

In tandem with the findings of this study is the view of Olubayo-Fatiregun (2012) that several families are shifting their role of educating teenagers on sex and sexually related issues to other agents of socialization like the school. According to Richard (2001), parents who exhibit such fear do so because of the fear that such communication may stimulate teenagers' interest in sex. This is, however, a pointer to future research since this study is limited to accessing teenagers' awareness on STIs.

Finally, the poor access to STIs information from the internet and social media discovered in the study also rest on the submission of Tiechenor, Donohue and Olien (1970) that hypothesised in their knowledge gap theory that people with higher socioeconomic status have better and easy access to modern and contemporary sex and sex-related information than those at the lower ebb of social strata in the society. This is because the rural community such as that which the study was conducted are limited in facilities such as internet and social media which limits participants' knowledge of the global world. These also serve as a pointer to future studies in the study location.

F. Conclusion

The study concludes that a high proportion of the participants have heard of STI as a phenomenon, gonorrhoea known to the majority of the participants while HIV/AIDs which is more severe and highly infectious is known by just half of the study population. The highest channel of information on STIs among the participants is the school followed closely by the family.

G. Recommendations

This study, therefore, recommends wider dissemination of information on STIs and sexual related issues among teenagers in the study area and other rural areas in the State to enhance adequate awareness and knowledge of STIs infections which will serve as a guide for proper prevention. The study also recommends greater participation of the family notably parents, caregivers, significant others and the extended family in educating teenagers on sex and sex-related issues because teenagers spend more time at home with these groups of individuals compared with the few hours in some days of the week spent at school. This will prevent the teenagers from over-relying on information from other agents of socialization such as peer groups who could misinform them. Above all, the study recommends that medical services should be offered to teenagers without prejudice or any form of discrimination when they have issues relating to sex and STIs.

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Authors' contributions

Author 1: Conceptualized idea; reviewed literature.

Author 2: Collected and discussed data.

Author 3: Presented and analysed result

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Competing interests

The authors have declared that no competing interests exist.

Consent for publication

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