

# Awareness of the Forms, Symptoms, Mode of Transmission and Control of Sexually Transmitted Diseases among Adolescents in Kaduna State, Nigeria

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## ABSTRACT

*This study employed survey design in investigating the awareness of the forms, symptoms, modes of transmission, and control of sexually transmitted diseases (STDs) in Kaduna State, Nigeria. A sample of 500 SS II students comprising 250 girls and 250 boys was drawn from the population using simple random sampling technique. Data were collected through the use of structured questionnaire. Statistical mean was used to analyse the data and t-test was used in testing the hypotheses. Major findings show that students know very little about the forms of STDs, the students have moderate knowledge of the signs and symptom of various STDs, their mode of transmission, and they have poor awareness of the control measures toward STDs, there is however, significant differences exist between the boys and girls awareness of the forms and symptoms of STDs. Hence, School Psychologists and counselors should continuously sensitize the students and organize group guidance programme in the secondary schools on personal health and risky behaviours, and there should be a synergy between public health workers, school administrators and parents in creating awareness among students on the risk factors, symptoms and control of STDs, and voluntary HIV test before marriage.*

**Keywords:** Sexually Transmitted Diseases, public health workers, Adolescent

## INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is a serious and deadly disease caused by the virus that attacks and destroys the body defense system, thereby leading (leading) the body defenseless (Unachukwu, 2003). The body becomes open to infection and diseases which the body could normally fight off; it is becoming obvious that AIDS possess a serious health problem in Africa. Obikeze (1997) states that AIDS is the greatest scourge of modern times, thus it is the most important new threat to the world health body. Since its discovery in the early 1980s, HIV/AIDS has become a pandemic on a global scale. It is no longer only health issue but a substantial threat to economic growth and development, imposing a heavy

burden first on families, then on communities and eventually economies. The impact of the pandemic is already being felt in most countries of the world. An estimate of 11 persons becoming pandemic is already minute representing some 15,000 new infections every day or more than 5.4 million for the entire year (WHO, 2000). Similarly, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that as at 2003, about 38 million persons were HIV positive worldwide and almost 26 million were workers between 15 and 49 years, and of the 2.9 million HIV/AIDS related deaths in 2003, 2.2 million were from Sub-Saharan Africa. While the Sub-Saharan Africa region contains only 10 percent of the world's population, it accounts for 60 percent of the worldwide HIV/AIDS cases (UNAIDS Africa Fact Sheet, 2004). This implies that the most productive age group is mostly affected and this has implications for families and economies in terms of income, employment and labour market changes. Nigeria, the most populous country in Africa with a population estimate of about 140 million in 2006 (NPC, 2007), is fast gaining its share of the HIV/AIDS scourge. Nigeria has the highest prevalence rate in West African Sub-region and the third highest prevalence of any country in the world with a five percent population prevalence rate, that is, over 3.6 million people (UNAIDS/WHO, 2004).

The widespread and rising HIV/AIDS is a problem that could be affecting the growth of the Nigerian economy which, led to compounding poverty, low standard of living, low productivity, increased unemployment, morbidity and mortality rates and ultimately obstruct development efforts. Thus, with the alarming growth of the disease within the country, the study is concern with the possible effects of HIV/AIDS on economic growth in Nigeria and the extent to which various policies can alter them (Maijama'a and Muhammad, 2013). However, the situation in developing countries shows that the diseases occur predominantly in the heterosexual populations, and therefore, heterosexual contact in these areas is considered a major risk factor of infection. Besides, the disease has been observed in intravenous drug abusers, hemophiliacs, and recipients of blood transfusion or blood products. Some cases of AIDS originating from organ transplantation have been recorded. According to Achalu (1993), AIDs is a group of diseases that result from the infection with the AIDS virus. The traditional values among Nigerian for sanctity of sex and sex for procreation have been over thrown in favour of liberal sexual behaviours. There is evidence of high risk of sexual behaviour and premarital sexual involvement among Nigerian adolescents (Unachukwu and Nwankwo, 1998). The tragedy of the premarital sexuality among adolescents is that they engage in frequent sexual activities without proper knowledge of what is involved (Obikeze, 1997). Achalu (1996) maintains that those who engage in high risk behaviours such as indiscriminate sex with many partners or those who take partners from the streets have increased chance of being infected.

Owolabi (1985) emphasizes that sexual practices such as anal intercourse,

oral intercourse, homosexuality and deep kisses are associated with high risks of contacting these diseases especially the Virus that causes AIDS. Furthermore, Owolabi (1985) noted that some of the prevalence of STDS in Nigeria is due to sexual promiscuity, prostitution, and homosexuality, lack of sex education, self medication and drug abuse among others. Adolescents especially those in secondary schools are among the most sexually active segment of the population. They are also more likely to engage in risky sexual practices that increase the chances of infections (Hopkins, 1998). AIDS have caused a number of complications including abortions, premature birth, blindness, infertility, heart and mental diseases, bone disorders, and so on. Effort to reduce the problem in controlling the diseases among patients who do not go to doctors at the early stage of the diseases due to stigma attached to the disorder related to sex organ. In spite of the modern medicine, STDS have become very difficult to control largely because people seem not to know the truth about them. Unachukwu (2003) investigating the level of awareness on the aetiology, and clinical pictures of HIV/AIDS among adolescents observes that the adolescents are lacking the knowledge of the aetiology, epidemiology and clinical pictures of HIV/AIDS. Nwachukwu (2003) investigated that the knowledge and attitude of secondary school students towards sexually transmitted disease in Anambra State. The results show that the students know very little about the forms of STDs, the students have poor knowledge of the signs and symptoms of various STDs, they know little about the modes and control of transmission, the students have very poor attitude towards STDs, there is, however, significant difference in the boys and girls knowledge and attitude towards STDs,

Maijama'a and Muhammad (2013) investigated the impact of HIV/AIDS on economic growth and development in Nigeria using primary and time series data and the effect of the epidemic on savings and standard of living. The findings show that HIV/AIDS prevalence is widely spreading and rapidly rising and has a negative impact on Real GDP growth in Nigeria. Also, recurrent health expenditure does not appear to be growth augmenting during the period HIV/AIDS was also found to adversely affect savings and standard of living of infected persons. In a study of adolescents' perception of HIV/AIDS symptoms as sources of early death among Nigerian youths, Anagbogu (2003) indicates that the adolescents do not associate high death rate of youths with HIV/AIDS symptoms. The study further showed that the youths associate high death rate with witchcraft and evil practice in the Nigerian society. Unfortunately, the youths are of the view that HIV/AIDS is one of the techniques which witchcrafts utilize in destroying the Nigeria youths. Evidence has shown that most individual focus on the pleasure associated with sex while paying little attention to the negative consequences of sex. The fact is that sex does not only include the pleasure and happiness, but also bitterness, disappointment and tragedy. This present study therefore, seeks to investigate the awareness of various forms, symptoms, mode of transmission and control of sexually transmitted

diseases in Kaduna State, Nigeria. The following research questions were formulated to guide the study.

- i Do male and female students differ significantly on their measures of awareness of various forms of STDs?
- ii Do male and female students differ significantly on their mean score of symptoms and sign of STDs?

In response to the above questions, the following tentative answers were provided:

H<sub>01</sub>: Male and female students do not differ significantly on their measures of awareness of various forms of STDs.

H<sub>02</sub>: Male and female students do not differ significantly on their mean score of symptoms and sign of STDs.

### **METHOD**

The study is a survey design meant to seek data on the awareness of the subjects on sexually transmitted diseases. Stratified random sampling technique was applied to select two boys schools, two girls schools and one mixed schools for the study. A sample of 500 students made up of 250 females and 250 males in senior secondary school two (SS II) in Kaduna State were used for the study. Simple random sampling technique was used in selecting the subjects. The researcher made use of questionnaire tagged students awareness of forms, symptoms, mode of transmission and control (FSTC) of STDs. It was structured on four (4) point Likert scale items and divided into four sections A, B, C, D. The instrument was validated by three experts in Psychology, Medicine and Measurement and Evaluation in Ahmadu Bello University, Zaria. Also to determine the reliability of the instrument, it was giving to 50 students in Senior Secondary Schools in Katsina State, Cronbach Alpha was used in the analyses. Which yielded the coefficient alpha for the four sections as 0.86, 0.73, 0.82 and 0.80 respectively. The researcher employed the service of research assistants in collecting the data which was done through direct delivery approach. The data collected were collated and analyzed, using statistical means for the research question and t-test to test the hypotheses (a cut of point of 2.50 indicate acceptance level while below indicate rejection of the items by the respondent). The results of the study were presented on tables.

### **RESULTS AND DISCUSSION**

It was observed on table 1 that the adolescents do not know most of the sexually transmitted diseases (STDs). The male are aware of five (5) out of ten (10) STDs as presented while the female are aware of six (6) of the ten (10) STDs. Table 2 shows that, the students are aware of only very few signs and symptoms of the venereal diseases of STDs. Out of the 25 signs and symptoms of seven STDs presented, they indicate that they are aware of 10 only. Table 3 reveals that the secondary school students are slightly aware of the modes of transmission of STDs.

The worst is that they believed that once a person has had STDs, he/she cannot be infected again. They are only aware of 5 out of 10 modes of transmitting STDs. Table 4 reveals that students are aware of only 4 ways of controlling STD but rejected item 5. Table 5 reveals that at 5 percent level of significance and 498 degree of freedom calculated  $t$  3.92 is greater than the critical  $t$  1.96. Therefore, the first null hypothesis which states that no significant difference exists on the various forms of STDs among male and female students is upheld.

Table 6 shows that at 5 percent significant level and 498 df, the calculated  $t$  4.006 is greater than the critical  $t$  1.96. Therefore, the second null hypothesis is upheld. That is, no significant difference exists on the awareness of signs and symptoms among male and female students. The finding reveals that most of the various forms of STDs, signs and symptoms, mode of transmission and control were not known by the respondents, and that significant difference does not exist between male and female students on the awareness of the Forms, Signs, and Symptoms of STDs. Evidence has shown that most students continue to regard STDs wrongly as a moral rather than medical problem.

The psychological nature of the disease and the fact that these STDs are contacted mainly through intimate sexual contacts with infected individuals has made it one of the most feared diseases known to man, but the attitudes towards sex and the wide spread ignorance about STDs, the rate of the spread has become a syndrome (Hopkins, 1998 and Myles 2001). This could be the more reason why the present day adolescents have more liberal and permissive attitudes and behaviours towards premarital sex. Achalu (1996) emphasizes that those who engage in high risk behaviours such as indiscriminate sex with many partners or those who take partners from the streets have increased chances of being infected (Hopkins, 1998). STDs are not just health related problems, but constitutes social problems, with grave consequences to the individual and the society at large.

Unackwuku and Nwanko (1988) maintains that the disease can lead to pains, discomfort, physical disabilities, mental and emotional suffering and in some cases, death. Young students are extremely at risk of acquiring and transmitting STDs because of the sexual behaviour, which from this study lacks the full knowledge of what STDs (Nwankwo, 2003) measures to include proper medication social re-orientation, proper sensitization and a change in the attitudes of the secondary school students towards STDs and sexuality related problem of students should be emphasized (Maijama'a and Muhammad, 2013; Owolabi 1985; Unachukwu (2003).

## **CONCLUSION AND RECOMMENDATIONS**

Evidence from this research reveals that there is very high risk of spread of STDs among young persons in the society, but the present study will help the students to be aware of various forms, signs, symptoms, mode of transmission and control

STDs among adolescent. There is therefore, an urgent need for responsive counseling services in secondary schools and the society at large. School Psychologist and counselors should organize group guidance programme in the secondary school system, churches and recreational centers with the aim of educating young people about STDs. The contents of the programme should be ways to reduce the risk of STDs. Voluntary HIV Test before marriage should be emphasized and encouraged. Anti-Retroviral Drugs (ARD) should made available to HIV patients.

Government should introduce programme to reduce poverty at individual family as well as community levels such programme should include home base care for people with HIV/AIDS, foster care for AIDS orphans, food programme for the children and support for educational experience. Efforts should be step up on the ethical and moral values. Reawaken moral instruction in secondary schools, inform people and help them make intelligent decisions and take actions that will improve or promote health, it should enlighten the public about the problems of STDs and help them secure support for STDs control and prevention as well as educate people about the risk factors contributing to STDs as it should also encourage people to avoid or reduce the risk of infection.

Psychologist and Counsellors should always organize group guidance services on healthy leaving were they will be educating the adolescents on the risk behaviours and their consequences as well as predisposing factors. Federal and State governments should assist the Psychologist and Guidance and Counsellors in providing pamphlets and printed materials on STD and HIV/AIDS education. This should be made available to the target population through the churches, communities, schools and other gatherings.

**Table 1:** Students' awareness of different forms of STDs

STDs	Male		Female	
	$\bar{x}$	SD	$\bar{x}$	SD
HIV/AIDS is an STD	3.50	0.51	3.86	0.54
Herpes simplex is an STD	2.03	0.98	1.99	1.12
Candidacies is an STD	2.11	0.81	2.48	0.99
Gonorrhoea is STD	3.01	0.77	3.27	0.91
Gonuloma inguinale is an STD	2.64	0.91	3.46	0.74
Genital Warts and Public Lice are STDs	2.64	0.91	2.93	0.62
Molluscum Contagiosum is STD	2.01	0.67	1.96	0.88
Condylomas is infectious	2.03	0.51	1.96	0.59
Syphilis is infectious	1.88	0.46	2.50	1.24
Chancroid is infectious	3.61	0.54	3.83	0.99
Grand mean	25.46	7.15	28.24	8.62

*Source:* Survey, 2013

**Table 2:** Students' knowledge of the Signs and Symptoms of Some STDs

STDs	Signs and symptoms	$\bar{x}$
Ghonrrhea	Burning sensation	1.99
	Pain during urination	2.20
	Milk or yellowish discharge	2.53
	Increased frequency of urination	2.68
	Pain and swelling in the scrotum	2.71
Genital Herpes simplex	Appearance of small blisters	1.99
	Pain around genitals	2.04
	Inner tights	2.11
	Swollen glands	3.02
Syphilis	Shows painless pimple like sores around the genitals	2.63
	Shows skin rashes around the palm and soles	3.01
	Comes with fever, headache, sore-throat, sore mouth	2.60
Genital warts	Shows painless out growth on the genitals.	2.00
Chancroid	Small red spot appear	2.14
	Pimple like structure appear	2.34
	Open sore full of pus appear	2.10
Candidiasis	Swelling of the external genitals	1.99
	Lesions on the male reproductive organ	2.04
	White thin and watery discharge among females	2.99
	Show intense itching in the female reproductive organ	2.00
Trichomoniasis	Pain during intercourse	2.71
	Female experience foul smelling	2.64
	Greenish gray discharge	2.10
Lymphogranulomax venereum (LGV)	Pimple-like sores small in nature appears on the Genitals	2.61

*Source:* Survey, 2013

**Table 3:** Students' awareness of the modes of transmissions of STDs

Items	$\bar{x}$
Sexually transmitted diseases (STDs) are spread mostly through sexual contact	3.87
Some infected persons show no signs or symptoms	2.37
Once a person has had STDs, he/she cannot be infected again	2.54
STDs can be transmitted through oral or anal sex	2.93
Through contaminated fingers	2.47
Through bathroom equipment	2.41
Through Deep kissing	2.04
From infected mothers to the unborn child	2.51
Through infected persons clothes, linens or under-wears	2.38
Through toilette sit	2.41

*Source:* Survey, 2013

**Table 4:** Students' awareness of the control measures of STDs.

Items	$\bar{x}$
Condom could be used to prevent infection	3.68
Sticking to one sexual partner could reduce the spread of STDs	3.44
Personal Hygiene can prevent the contact of STDs	2.64
Abstainness can prevent STDs.	3.00
Abstainness from using sharp objects like needles and razors can reduce STDs	2.00

Source: Survey, 2013

**Table 5:** T-test Statistics of male and female students' scores on various forms of STDs

Sources of variation	N	$\bar{x}$	SD	DF	Cal. t	Crit. T	Decision
Male	250	25.46	7.15				
Female	250	28.24	8.62	498	3.92	1.96	S

(Pd<sup>0.05</sup>, 498df) Source: Survey, 2013

**Table 6:** t-test Statistics on signs, symptoms of STDs among male and female students

Sources of variation	N	$\bar{x}$	SD	DF	Cal. t	Crit. T	Decision
Male	250	21.85	6.63				
Female	250	24.41	7.63	498	4.006	1.96	S

(Pd<sup>0.05</sup>, 498df) Source: Survey, 2013

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