The Place of Health Promotion and Education in Sexually Transmitted Infections Prevention among Young People in Nigeria

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Abstract

In Nigeria young people are becoming sexually active at an increasingly earlier age. They are therefore at risk of contacting sexually transmitted diseases, including HIV/AIDS. To evaluate the efficacy of health promotion and education programme on the knowledge attitude and sexual risk behaviour of young people in Nigeria. Comprehensive health education intervention information was sourced from the Internet. Although a reasonable amount of literature exists on STI/STDs in Nigeria, relatively little deals specifically with health promotion and education. Among the intervention students there was also an increase in the consistent use of condom and the use of the condom during their sexual intercourse. Young people can benefit from specific health promotion and education programmes that transmit important information necessary to prevent risky behaviour and improve knowledge and attitudes on STDs. The poor attitudes to precautionary measures portend a lot of dangers for the country's efforts toward reducing/eradicating the HIV/AIDS epidemic. These results show that a lot still needs to be done in designing health promotion and education programs that would assure behaviour modification among the target population.

Keywords: Behaviour modification, human immune deficiency virus, sexually transmitted diseases, sexual risk behaviour and sexual intercourse

Introduction

Health promotion is a process of enabling people to increase control over, and to improve, their health and Health education Consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills, which are conducive to individual and community health (Smith, Tang & Nutbeam, 2006). Young people as a whole are classed as a 'vulnerable group' in terms of STI likelihood (Department of Health, 2013), however a young person's background and geographical location can increase their risk (Coleman, 2007). Young people may lack the skills and confidence to negotiate the sexual world (MacRae & Ladlow, 2011). This could be due to a myriad of challenging factors, such as lack of experience and education, peer pressure, online exploitation, media portrayals of sex, confusion

regarding sexual preference/identity, learning disabilities and cultural or religious factors.

Objective of the study

The aim is to provide the following information on

- Increase awareness of the prevalence of STI in Nigeria.
- Ensure that young people are aware of the risks of STI and are empowered to make informed choices.
- Mobilize human and financial resources towards STI prevention by increasing understanding of the economic cost for prevention.

Involve all sectors in the design of STI prevention programme and to stem the predicted exponential growth of the epidemic.

Sexually Transmitted Infection

The term sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs), includes a range of clinical syndromes that can be acquired and transmitted through sexual activity and may be caused by various types of pathogens, including bacteria, fungi, viruses, and parasites. Early detection and treatment of STIs reduces the spread of infection and may avoid or delay serious complications and consequences. Sexually transmitted infections (STIs) are those diseases that are contracted mainly through sexual intercourse. They include curable ones like gonorrhea, syphilis, Chlamydia and trichomoniasis infection and incurable but modifiable ones like HIV, herpes simplex, human papilloma virus (HPV), and hepatitis B infections occur annually throughout the world in adults aged 15-49 years. (Nsuam, Sanders, & Taylor, 2010); (World Health Organization Media Centre, 2013).

Study revealed that, from the mid-1990s, the increase in diagnoses of sexually transmitted infections, including syphilis, gonorrhoea and chlamydia were reported in several European countries, especially among adolescents (Samkange-Zeeb, Spallek & Zeeb, 2011). In addition, the sexually transmitted infections are a major health problem that affects mostly young people, not only in developing but also in developed countries. It is estimated that more than 340 million new cases of curable sexually transmitted infections,namely those due to Treponema pallidum (syphilis), Neisseria gonorrhoeae, Chlamydia trachomatis and Trichomonas vaginalis, occur every year throughout the world in men and women aged 15–49 years, with the largest proportion in the region of south and south-east Asia, followed by sub Saharan Africa, and Latin American and the Caribbean (Samkange-Zeeb, Mikolajczyk, & Zeeb, 2013). Millions of viral sexually transmitted infections also occur annually, attributable mainly to HIV, human herpesviruses, human papilloma-viruses and hepatitis B virus. Globally, all these infections constitute a huge health and economic burden, especially for developing countries where they account for 17% of economic losses caused by ill-health (Mayaud, & Mabey, 2004).

Herpes simplex virus type 2 infection is the leading cause of genital ulcer disease in developing countries. Data from sub-Saharan Africa show that 30% to 80% of women and 10% to 50% of men are

infected. Among women in central and south America, prevalence ranges from 20% to 40%. In the developing Asian countries, its prevalence in the general population ranges from 10% to 30%. In the United States of America, the prevalence of the viral infection among 14–49-year-olds is 19% (Weinstock, Berman, & Cates, (2004) and throughout the world, sero positivity rates are uniformly higher in women than in men and increase with age (Weiss, (2004). Herpes simplex virus type 2 infection plays an important role in the transmission of HIV. Another study showed that 74% of HIV infections in men and 22% in women could be attributable to the presence of herpes simplex virus type 2 (Samkange-Zeeb, Spallek, & Zeeb, (2011).

Human papilloma virus, another important sexually transmitted viral pathogen, causes about 500 000 cases of cervical cancer annually with 240 000 deaths, mainly in resource-poor countries (Ferlay, 2004). Hepatitis B virus, which may be transmitted sexually and through needle sharing, blood transfusion and from mother to child, results in an estimated 350 million cases of chronic hepatitis and at least one million deaths each year from liver cirrhosis and liver cancer (Aliyu, Dahiru, & Ladan, 2013).

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Health Promotion and Education Strategies against sexually Transmitted Infection

In the traditional Nigeria society, premarital chastity was the norm. Every new bride was expected to be a virgin at the time of marriage. While a virgin bride was a source of joy to her parent, a bride who lost her virginity before marriage suffered great shame alongside her family. However with modernization and industrialization premarital sexual relationship becomes somewhat acceptable among various societies. This development did not raise mush alarm in the health sector until the undesirable consequences of unwanted pregnancy and sexually transmitted infections became quiet obvious. The high prevalence of STI among young people has been given greater visibility to the issue of premarital sexuality (Samkange-Zeeb, Spallek, & Zeeb, 2011).

Reports indicate that the primary mode of transition of HIV in Nigeria is through heterosexual sex. Factors contributing to this include a lack of information about sexual health and HIV, low levels of condom use and high levels of sexual transmitted diseases such as chlamydia and gonorrhoea, which make it easier for the virus to be transmitted. (World Health Organisation, 2002). It has been reported that blood transfusions account for up to 10 percent of new HIV infections in Nigeria. There is a high demand for blood because of blood loss from surgery and childbirth, road-traffic accidents and anaemia and malaria. Not all Nigerian hospitals have the technology to effectively screen blood and therefore contaminated blood is often used. The Nigerian Federal Ministry of Health have responded by backing legislation that requires hospitals to only use blood from the National Blood Transfusion Service, which has far more advanced blood-screening technology (Nigeria Exchange, 2008). To protect young people from these undesirable consequences much emphasis has been placed on the necessary information and service available to the youths to protect themselves. Health education is a process of

learning about how an individual can be comfortable about all aspects of life. Health education can also be described as a process of providing information, skills and services that enable persons to protect them from HIV such as sexually transmitted infections (STI), unwanted pregnancy, and infertility. People of all age groups can benefit from sexuality education; this paper pays attention to need of health education in HIV prevention among young persons in Nigeria. The paper justifies the need for health education in young persons and provides evidence of the benefits of health education in health promotion among young population in Nigeria.

Target Young People

Nigerian young people constitute about 40% of the total population, representing about 36.5 million people. According to the Nigerian STD/HIV Control and other government agencies, it is estimated that 60% of new HIV infections occur among young people aged 17-25 and about 800 people in Nigeria get infected daily. As a significant component of human well being, sexual health is related to adolescent physical, psychological and social integrity. However, issues pertaining to this emotional area of young people are always not addressed, due to a lack of understanding, lack of training and fears concerning their sexuality. Sexual health concerns and problems among youths are particularly important

The reproductive needs of young people are relative to their behavioural pattern. Many young people lack adequate information on issues that affect their reproductive and sexual health. HIV/AIDS thrives on misconception, ignorance and high-risk sexual behaviour. Research also confirms that many young persons participate in risky sexual activities including early debut in sexual activities, sex with many partners, low and inconsistent use of condoms. The data from the National HIV/AIDS and Reproductive Health Survey (NARHS) reveals that among the sexually active 15 to 19 year olds only 34.4% used condoms at most recent sexual encounter (FMOH, 2003).

The explanation for this behaviour includes earlier menarche, effect of media that glamorize sex, and increasing weakness of traditional control of the family system in Nigeria (Aliyu, Dahiru, & Ladan, 2013). One of the consequences of the involvement of young persons in risky sexual activities is that this group is disproportionately affected by reproductive morbidity including STI/HIV, unwanted pregnancies and their complications (Arowojolu, Ilesanmi, Roberts & Okunola, 2003). Forty-two percent of adolescent girls in a rural community in Rivers state had induced abortion or STI including gonorrhea (Awang, Wong, Jani, & Low, 2014). In Jos, 24% of patients attending an STI clinic are aged less than 25 years (Olugbenga-Bello, Adeoye, & Osagbemi, 2013). Women are particularly affected by the epidemic in Nigeria.

Traditionally, women in Nigeria marry young, although the average age at which they marry varies between states. A 2007 study revealed that 54 percent of girls from the North West aged between 15-24years were married by age 15, and 81 percent were married by age 18 (Weiss, (2004). Study showed that the younger married girls lacked knowledge on reproductive health, which included STI/STDs. They

also tend to lack the power and education needed to insist upon using condoms during sex. Coupled with the high probability that the husband will be significantly older than the girl and therefore is more likely to have had more sexual partners in the past, young women are more vulnerable to STI within marriage. The final justification for targeting young persons is that many in this group are in their most impressionist years when behaviour and character traits have not been fully formed. However, sexuality education during adolescence is likely to foster positive attitudes and healthy behaviour in adult years.

Sex Education

As the majority of new STI occur in young people between the ages of 15 and 25, sex education at school is an important aspect of STI prevention. In recent years a new curriculum has been introduced for comprehensive sex education for 10-18 year olds. It focuses on improving young people's knowledge and attitudes to sexual health and reducing sexual risk-taking behaviours. In the past, attempts at providing sex education for young people were hampered by religious and cultural objections. (Odutolu, Ahonsi, Gboun & Jolayemi, 2006).

Recently, sexual education programme organized among secondary school students in Osun state has been reduction the number of school drop-out rate due to unwanted pregnancy. In another study by Adegbenro (2004) showed a decline in proportion of students who dropped out of school from 13% to 4% among students who participated in a sexuality education programme compared to an increase from 11% to 25% in comparison schools.

These programmes had led to improvement in the reproductive health status of the young persons who had participated in them. Evidence of this improvement can also be found using another three key indicators. These indicators are as follow:

1. School-base health education approach STI/STDs
2. Parent- health education approach to sexual health promotion
3. The provision of health promotion program and health education services

Schoool-Based Health Education Approach to Prevent STI/STDs

It is believed that the effectiveness of sex education does not depend on what is taught but how is taught, the delivery method of sex education is of importance to the success in this program. To date, school sex education in Nigeria has been delivered by teachers, outside experts, older pupils, or a combination of all the three. In most Nigeria secondary schools have teachers designated to teach sex education as part of the curriculum, teachers-led sex education has become the most sustainable mode of delivery (Buston, Wright & Scoott, 2001).

Reports indicate that peer education approach can influence the behaviour of young people regarding their personal protection from STI and unwanted pregnancy, According to earlier reports from UK and US, sex education that leads to the clarification of attitudes and value and skill a development is most effective when pupils are actively involved (Mellanby, Phelps & Crichton, 2002). Communication

about sex and sexual health is an important facilitator in gaining accurate knowledge about prevention of sexually transmitted diseases (STDs) and promotion of sexual health (Silvaram, Johnson, Bentley, Go & Latkin, 2005), because communication is valuable in designing sexual risk prevention interventions.

Parent-Education Approach to Sexual Health Promotion

Evidenced by developmental evidence, reports revealed that most adolescents continue to feel close to their parents feel loved and cared for by their parents, and respect their parents' judgment and values, although they turn to more frequently peers for guidance regarding day-today matters (Samkange-Zeeb, Spallek, & Zeeb, 2011).). Therefore, the interaction between girls and their parents have significant influence on the adolescent girls contraceptive decision-making. Several reports indicate that parent conversations about sexuality are associated with decreased risky sexual behaviours, including increased condom use, decreased likelihood of initiating sexual intercourse, increasing partner adolescent discussions and more conservative views about engaging in sexual behaviours (Short, Yates & Biro, 2005; Ingham, 2002).

Generally, there are three main barriers to sex communication between parents and their young children. First, it causes embarrassment on both sides. Sexuality is often regarded as a taboo subject, which is around each individual but rarely discussed openly without innuendo and embarrassment (Ingham, 2002). The second is lack of accurate knowledge required to be able to help their children. And finally, it is because the vast majority of parents were not kept informed about what the school was covering in sex education classes. Therefore, schools need to make great effort to cooperate with the parents by consulting and informing them of sexual health program to school sex education.

The Provision of Health Promotion Program and Health Education Services

Effective provision and delivery of sexual promotion program and health education is the best interventions. It has been estimated that the Nigerian government are contributing around 5 percent of the funds for the antiretroviral treatment programmes (Health Reform Foundation of Nigeria, 2007). The majority of the funding comes from development partners. The main donors are PEPFAR the Global Fund and the World Bank. In 2002, the World Bank loaned US$90.3 million to Nigeria to support the 5-year STDs Programme Development Project (Health Reform Foundation of Nigeria, 2007). In May 2007 it was announced that the World Bank were to allocate a further US$50 million loan for the programme (The World Bank 2008). Much of this will be given to the Nigerian government to fund the expansion of antiretroviral treatment. **W**hen antiretroviral drugs (ARVs) were introduced in Nigeria in the early 1990s, they were only available to those who paid for them. As the cost of the drugs was very high at this time and the overwhelming majority of Nigerians were living on less than $2 a day, only the wealthy minority were able to afford the treatment. In 2002 the Nigerian government started an ambitious antiretroviral treatment programme, which aimed to supply 10,000 adults and 5,000 children with antiretroviral drugs

within one year. An initial $3.5 million worth of ARVs were to be imported from India and delivered at a subsidized monthly cost of $7 per person ((Odutolu, Ahonsi, Gboun & Jolayemi, 2006).

The programme was announced as 'Africa's largest antiretroviral treatment program. By 2004 the programme had suffered a major setback as too many patients were being recruited without a big enough supply of drugs to hand out. This resulted in an expanding waiting list and not enough drugs to supply the high demand. The patients who had already started the treatment then had to wait for up to three months for more drugs, which can not only reverse the progress the drugs have already made, but can also increase the risk of HIV becoming resistant to the ARVs. Eventually, another $3.8 million worth of drugs were ordered and the programme resumed. ARVs were being administered in only 25 treatment centers across the country which was a far from adequate attempt at helping the estimated 550,000 people requiring antiretroviral therapy. Despite the progress Nigeria still has a long way to go in providing universal access to AIDS treatment. There are currently 552,000 people in the country who do not have access to the ARV treatment that they need (World Health Organisation, United Nations Programme on HIV and AIDS, and United Nations International Children Emergency Fund, 2008).

The Federal Government of Nigeria should know that the key method to improve or promote health is a holistic approach. Through school education (including sex education), which not only provides young people with accurate knowledge about sexuality but also equips them with high expectations of their future and help them improve educational achievement, and under the positive influence of massive media as well as the surveillance of parents, adolescents could be able to be aware of the harm to under-age sex to their whole lives and then to delay sex are physically and psychologically ready.

Complication of STI

In most cases poorly treated STIs are associated with a lot of complications. In males, gonorrhea 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. 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 competences.

Conclusion

With the large amounts of money being donated from international funds and government dedicated to increasing preventive measures and treatment access, some are feeling slightly more optimistic about the future of STI/STDs in Nigeria. However, it remains to be seen whether the target of providing universal access to STI/STDs prevention, treatment, care and support by 2020, will be reached without health promotion and sex education into consideration.

Recommendation

The following recommendations are made:

- Greater sensitization and involvement of pupils, students, teachers and other school personnel in different aspects of STI/STDs preventive education
- Behaviour change and modification interventions towards use of condom and other risk reduction practices.
- Provision of more counseling and treatment centers in schools, institutions and youth centers.
- Extending of Peer Education programmes to cover schools in all States of the Federation.
- Involving other relevant adolescent and youth groups in peer education programmes, (e.g. school youth clubs, faith-based youth groups, community youth groups, student union groups, youth trade groups, etc.).
- Education and advocacy on stigmatization of HIV/AIDS and on how to relate better with them.
- Sustain advocacy among all stakeholders to maintain the political and popular will and to ensure adequate funding of STI/STDs programme and support for preventive education activities.

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