# KNOWLEDGE OF HEALTH IMPLICATIONS OF SEXUALLY TRANSMITTED INFECTIONS (STIS) POSSESSED BY UNDERGRADUATES OF UNIVERSITY OF NIGERIA, NSUKKA

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#### **Abstract**

The purpose of the study was to determine the level of knowledge of health Implications of Sexually Transmitted Infections (STIs) possessed by undergraduates of University of Nigeria, Nsukka (UNN). Three research questions were formulated to guide the study. The descriptive research design was used for the study. The population for the study comprised of all the undergraduates of the university for 2012/2013 academic session. The sample size for the study consisted of 200 respondents, selected using multi-staged sampling procedure. The instrument for data collection was the researchers' structured questionnaire, which was validated by three research experts from the Department of Health and Physical Education, University of Nigeria, Nsukka. The reliability of the instrument was also established and reliability coefficient of .70 was obtained. Data collected were analysed using frequencies and percentages. The results of the findings showed that the level of knowledge of physical health implications of STIs possessed by undergraduates of UNN was low (42.1%), their level of knowledge of social health implications of STIs was high (67.5%), and their level of knowledge of mental health implications of STIs was also high (65.3%). Based on the findings, conclusions were drawn and it was recommended that undergraduates' curriculum should be diversified in order to accommodate topics on STIs, which could be inculcated in the general studies courses.

#### Introduction

Sexually Transmitted Infections (STIs), preciously known as venereal diseases have been well known for hundreds of years. Tansy (2003) opined that STIs have been known since antiquity. Over three hundred million cases of STIs have been globally estimated annually (World Health Organization-WHO, 2005), and in developing countries like Nigeria, STIs rank in the top five disease categories for which young adults seek health care. STIs are the major global cause of acute illnesses, infertility, long term disability and death. WHO (2011) stated that STIs remain one of the most under-recognized health problems worldwide. Due to this under-recognition, many complications arise from STIs leading to serious physical, social and psychological consequences.

STIs are infections that are primarily spread through person-to-person sexual contact. Lucas and Gills (2003) defined STIs as infections which are specifically transmitted during sexual intercourse. STIs refer to a variety of clinical syndromes caused by pathogens that can be acquired and transmitted through sexual activity (Workowsk, 2010). This implies that STIs are caused by organisms which are transmitted from one person to another through sexual contact. Samuel (2010) defined STIs as diseases transmitted by way of direct sexual contact. The author further stated that sexual knowledge is of paramount importance in assisting everyone, including unmarried and married people, children and youths to assume healthy life responsibilities.

STIs have been noted to have negative impacts on the health of individuals. These negative impacts arise most of the time because of delay in the disease detection and poor management. STIs remain major threat to reproductive and public health in general. The health implications of STIs cannot be over emphasized. Centres for Disease Control and Prevention CDCP (2010) stated that some bacterial STIs including syphilis, gonorrhea and chlamydia can have long term consequences including pelvic inflammatory diseases which may cause infertility. Hahn and Payne (2003) posited that in men, the pathogens can invade and damage deeper reproductive structures like the prostate gland, seminal vesicle and Cowper's gland. The pathogens can spread further to cause joint problems and hearth disorders. Other physical health implications of STIs include birth defects, blindness, bone deformities, brain damage, cancer, heart diseases, and other abnormalities of the reproductive system (CDCP, 2000).

STIs have also been observed to affect social wellbeing of individuals. Howson (2001) observed that both STIs and their complications have far greater social significance for women than they do for men. The author noted that STIs typically cause personal embarrassment and domestic

conflicts. This is obvious in some societies. But whoever is responsible for bringing STI into the relationship, the woman is typically blamed and at the same time faces the consequences. The consequences include domestic violence, divorce, and social ostracism. Some STIs and their consequences attract discrimination and stigmatization. Arkutu (2005) observed that as many as one in four couples in Africa may experience difficulty getting pregnant, which is attributed to infertility associated with STI. Infertility could be a serious issue in ones' social life especially women. Bruyn (2002) noted that for women, childlessness cause personal pain and a paramount infirmity in a society that values women for their ability to produce healthy offspring. In such societies, infertile woman may be divorced by the same husband who infected her with STIs that led to the infertility.

Mental health implications of STIs according to Okoye (2006) include shock, denial, regret guilt, anxiety, fear, and frustration. Dufour (2002) opined that the presence of STI affects ones mental health. More common according to the author include feelings of acute emotional distress, depression and anxiety. The fear of serious consequences like infertility, divorce, discrimination and stigmatization can make an individual mentally unhealthy. Undergraduates need knowledge of these health implications to enable them make informed decision about sex. Knowledge of these implications will help prevent the transmission of STIs with their resultant consequences among young ones.

Knowledge refers to the information, facts or ranges of what has been perceived, discovered or learned. Unegbu and Iloh (2004) defined knowledge as the understanding of specific fact, terminology, convention, ways and means of dealing with specific trend and sequence. In this study, knowledge is viewed as the understanding of facts about the health implications of STIs by undergraduates. Undergraduates are mostly adolescents and young adults. As young people, they are sexually active. This exposes them to unhealthy sexual behaviours like unsafe sex. As a result of this, they are prone to many reproductive health problems which include sexually transmitted infections. They are therefore, supposed to have good knowledge of health implications of STIs.

Undergraduates, unfortunately, seem to lack knowledge of health implications of STIs. This is evidenced by their sexual behaviours and the resultant effects. It is as a result of this, that the researchers sought to find out the knowledge of health implications of STIs possessed by undergraduates of university of Nigeria Nsukka. University of Nigeria, Nsukka is one of the federal universities located in Enugu State, South-Eastern zone of Nigeria. The university has good number of students from all over the country and beyond. These students are young and should be well informed on the issues concerning their sexual life especially the implications of contracting STIs.

## **Research Questions**

- 1. What is the level of knowledge of physical health implications of STIs possessed by undergraduates of UNN?
- 2. What is the level of knowledge of social health implications of STIs possessed by undergraduates of UNN?
- 3. What is the level of knowledge of mental health implications of STIs possessed by undergraduates of UNN?

### Methods

The descriptive survey research design was adopted for this study. The population for the study comprised of all the regular undergraduates of university of Nigeria, Nsukka campus. There were nine faculties with about thirty five thousand, six hundred students as at 2012/2013 academic session (UNN Admissions Department, 2013). A sample size of 200 students was used for the study employing the multi-staged sampling technique. The instrument for data collection was the researchers structured questionnaire. The validity of the instrument was established by three research experts in the Department of Health and Physical Education, University of Nigeria Nsukka. The reliability of the instrument was also established using split-half method and reliability co-efficient of .70 was obtained. The instrument was therefore deemed reliable for the study. Copies of the questionnaire were administered to the respondents by the researchers with the help of class representatives. The completed copies were collected on the spot. One hundred and ninety eight copies of the questionnaire were dully competed and returned. Frequencies and percentages were used for data analysis. Ashor's criteria (Ashor, 2001) were used to determine the level of knowledge of health implications of STIs. By these criteria, scores less than 40 percent were considered very low, 40-49 per cent were considered as low,

50-59 per cent were considered as average, 60-79 per cent as high while 80 per cent and above were regarded as very high.

#### **Results**

Table 1. Students' Knowledge of the Physical Health Implications of STIs (n = 198)

S/N	Items	Responses			
		Correct		Incorrect	
		F	%	F	%
1	STIs cause infertility	115	58.1	83	41.9
2	Sickle cell anema is not as a result of STIs	152	76.8	46	23.2
3	STIs can cause cancer	30	15.2	168	87.8
4	Infected mothers can give birth to blind babies	36	18.2	162	81.8
	Average percentage	42.1		<b>57.9</b>	

Table 1 shows that the respondents possess low (42.1%) level of knowledge of physical health implications of sexually transmitted infections. This is apparent as the average percentage of the incorrect responses is higher (57.9%) than the average percentage of the correct responses (42.1%).

Table 2. Students' Knowledge of Social Health Implications of STIs (n = 198)

S/N	Items	Responses			
		Correct		Incorrect	
		F	%	F	%
1	STIs can lead to social isolation, embarrassment and domestic violence	178	89.9	20	10.1
2	STIs can attract stigmatization	168	84.8	30	15.2
3	Social consequences of STIs include disgrace and shame	106	53.5	92	46.5
4	STIs can lead to a break in a relationship	82	41.4	116	58.6
	Average percentage		67.4		32.6

Table 2 shows that the respondents possess high (67.4%) level of knowledge of social health implications of STIs. The table further shows that the average percentage of correct responses is higher (67.4%) than the average percentage of incorrect response (32.6%).

Table 3. Students' knowledge of mental health implications of STIs (n = 198)

S/N	Items	Responses			
		Correct		Incorrect	
		F	%	F	%
1	STIs lead to anxiety	90	45.5	108	54.5
2	People with STIs are usually depressed	124	67.7	64	32.3
3	STIs cannot lead to increased 1Q, critical thinking and mental skills	160	80.8	38	19.2
4	STIs can lead to mental stress and shock	133	67.2	63	31.8
	Average percentage		65.5		34.5

Table 3 shows that the respondents have high (65.3%) level of knowledge of mental health implications of STIs. The table further shows that the average percentage of correct responses is higher (65.5%) than the average percentage of incorrect responses (34.5%).

#### Discussion

The findings in Table 1 revealed a low (42.1%) level of knowledge of physical health implications of STIs possessed by the undergraduates of UNN. This finding was surprising as one could expect these students to have good knowledge of the health implication of STIs. However, the findings

are in line with Nwankwo (2003), who found out in a study that secondary school students possessed low level of knowledge of STIs and its consequences. This may be due to poor sexuality education in some tertiary institutions.

The findings in Table 2 indicated a high (67.4%) level of knowledge of the social health implications of STIs possessed by undergraduates of UNN. This finding was expected because these students are in academic environment and are exposed to many sources of information. This finding is in line with Clark, Tackson and Taylor (2002) who stated that undergraduates of Nigeria tertiary institutions have a high level of knowledge of STIs.

The findings in Table 3 revealed that there was a high (65.3%) level of knowledge of mental health implications of STIs possessed by undergraduates of UNN. These mental health implications according to these undergraduates include anxiety, mental stress, depression and shock. This finding is in line with Okoye (2006) who stated that the mental health implications of STIs include shock, denial, regret, guilt, anxiety, fear, and frustration.

#### **Conclusions**

Based on the findings and discussions, the following conclusions were made:

- 1. There was a low level of knowledge of the physical health implications of STIs possessed by undergraduates of UNN.
- 2. There was a high level of knowledge of the social health implications of STIs possessed by the undergraduates of UNN.
- 3. The level of knowledge of undergraduates of UNN on the mental health implications of STIs was high.

#### Recommendations

Based on the findings of the study, discussions and conclusions, the following recommendations were therefore made.

- 1. The university authority should liaise with the ministry of health and education to enable them design information dissemination programmes for students on the dangers of STLs.
- 2. The undergraduate curriculum should be diversified in order to accommodate topics on STIs, which could be inculcated in the general studies courses.

#### References

Arkutu, A.A. (2005). *Health women, health mothers: An information guide* (2<sup>nd</sup> ed.). New York: Family Care International.

Center for Diseases Control and Prevention (2000). Youth risk behaviour surveillance. *Morbidity and Mortality Weekly Report* (2)53, 8.

Center for Diseases Control and Prevention (2010). *Sexually transmitted infection surveillance*. Atlanta, GA: The author.

Clark, L., Jackson, M & Talyor, L.A. (2002). Adolescents' Knowledge about sexually transmitted infection. *Pakistan Journal of Social Sciences*, 8, 52-54.

Brunyn, M. (2002). Women and AIDS in developing countries. Social Science Med. 34(3), 249-262.

Dufor, D. (2002). AIDS spread in developing countries. Ibadan: Watch Tower Publications.

Hahn, D.B & Payne, A.W. (2003). Focus on health (6<sup>th</sup> ed.). Tronto: McGraw Hill Publications.

Lucas, A.O. & Gills, H.M. (2003). Preventive medicine for the tropics. Ibadan: Sam-Dex Printers.

Okoye, M. (2006). Sexually transmitted infections (STIs). Retrieved 25<sup>th</sup> March from http://www.mayoclinic.com/health/sexually-transmitted-diseases-stds/DSO1123

Nwankwo, C.A. (2003). Knowledge and attitude of secondary school students towards sexually transmitted diseases in Anambra State. The Educational Psychologist 1(1), 75-85.

Samuel, E.S. (2010). *Human sexually and family health education*. Enugu: Afro-Orbis Publishing Co.Ltd.

Tansy, E.M. (2003). Sexually transmitted infection. Retrieved 1<sup>st</sup> March 2013, from www.news-medical.net

- Unegbu, J. & Iloh, C. (2004). Knowledge and attitude of married catholic women regarding billings method of family planning in Onitsha urban. *Unpublished Project Report of University of Nigeria*, *Nsukka*.
- WHO (2005). Sexually transmitted infections. Retrieved 25<sup>th</sup> March, 2013 from http://www.who.int/mediacentre/factsheets/fs110/en/index.html
- WHO (2011). Sexual and reproductive health: Prevalence and incidence of selected sexually transmitted infections. Retrieved 25<sup>th</sup> March, 2013 from http://www.int/reproductivehealth/publications/rtis/978.../en/index.html
- Workowski, K.A (2010). Sexually transmitted diseases treatment guidelines. Retrieved 25<sup>th</sup> March, 2013 from http://www.ncbi.nim.nih.gov/pubmed/21160459