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STRATEGIES ADOPTED FOR PREVENTING SEXUALLY TRANSMITTED DISEASES AMONG SECONDARY SCHOOL STUDENTS IN NKANU WEST LOCAL GOVERNMENT AREA, ENUGU STATE

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ABSTRACT

This study preventive strategies adopted for sexual transmitted diseases among secondary school students in Nkanu West Local Government Area. The research was guided by two research questions and two corresponding hypotheses. The design of the study was a descriptive survey which aims at collecting data specifically on the opinions, attitudes and views of the subjects on a particular issue as sexually transmitted diseases. The area of this study was Nkanu West Local Government Area of Enugu State. The population for the study comprised of 2931 male and female senior secondary school students from the twelve (12) secondary schools in Nkanu West Local Government Area. The sample size for the study was 293 male (100) and female (193) senior secondary school students from five out of 12 public secondary schools in the area. The researcher made use of questionnaire titled Preventive Strategies for Sexually Transmitted Diseases Questionnaire (PSSTDsQ). The validity of the questionnaire was done using three experts, two from the Department of HKHE and one from the Department of Mathematics and Computer Science Education and specialized in Measurement and Evaluation all from the Faculty of Education, ESUT, Enugu. The analysis of data was done with mean. This is because mean is generally regarded as a good measure of central tendency. The responses of the respondents were scored based on the points assigned to each response which include: Strongly Agree-4 points; Agree-3 points; Disagree-2 points and Strongly Disagree-1 point. The decision rule was that mean responses of 2.50 and above signifies agreeing to the item statement highlighted while mean responses below 2.50 signifies disagreeing to the item statements highlighted. The findings revealed that STDs can be contracted through sharing the same razors, using the same clipper, sharing needles and from having sex. It was then recommended that seminars and workshops should be organized, awareness through pamphlets and leaflets to intensify effort in assisting the students know the dangers of sexually transmitted diseases.

Keywords: Strategies, Prevention, STDs, Secondary School Students, Nkanu West LGA.

Introduction

Among the several reproductive health problems facing adolescents including learners in schools is sexually transmitted diseases. According to Wenger (2024) sexually transmitted disease (STD) is any disease (such as syphilis, gonorrhea, AIDS, or a genital form of herpes simplex) that is usually or often transmitted from person to person by direct sexual contact. It may also be transmitted from a mother to her child before or at birth or, less frequently, may be passed from person to person in nonsexual contact such as in kissing, in tainted blood

transfusions, or in the use of unsanitized hypodermic syringes. Myless (2016), defines sexually transmitted diseases as those diseases caused by variety of organisms which are capable of being transmitted sexually. According to Boardman (2018), the following are types of Sexual transmitted Infections. Chlamydia**:** A certain type of bacteria causes chlamydia. It is the most commonly reported STI among Americans, notes the Centers for Disease Control and Prevention (CDC). HPV (human papillomavirus):Human papillomavirus (HPV) is a virus that can be passed from one person to another through intimate skin-to-skin or sexual contact. Syphilis**:** Syphilis is another bacterial infection. It often goes unnoticed in its early stages.

Human Immune Deficiency Virus (HIV): HIV can damage the immune system and raise the risk of contracting other viruses or bacteria and developing certain cancers. Gonorrhea: Gonorrhea is another common bacterial STI. It's also known as "the clap." Pubic lice ('crabs'): "Crabs" is another name for pubic lice. Trichomoniasis: Trichomoniasis is also known as "trich." It's caused by a tiny protozoan organism that can be passed from one person to another through genital contact. Herpes: Herpes is the shortened name for the herpes simplex virus (HSV). There are two main strains of the virus, HSV-1 and HSV-2. Both can be transmitted sexually. It's a very common STI. The CDC estimates more than 1 out of 6 people ages 14 to 49 have herpes in the United States. Other, less common STDs include: chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum and scabies (Onoyima, 2017).According to Onoyima (2017), one of the causes of STDs is unfaithfulness among couples. Once a married person starts to sleep outside, committing adultery, he or she is likely to contract AIDS or any other sexually transmitted disease. Hence, one of the reasons why STI has refused to disappear in our universe is the unfaithfulness among some married couples. Osgood (2016) identified unprotected sex with a strange partner as one of the major causes of STDs. When people start having sex with strange partners without being protected, the tendency to contract sexually transmitted disease, such as syphilis, Gonorrhea and AIDS could be possible.

In her own contribution, Amanda (2018), believes that one of the causes of STI is unfaithfulness. This implies that one party may have multiple partners. Boys and girls, these days are not faithful on each other and always see sex as something one can engage in when one feels like such attitude exhibited by both males and females often results in getting infected. Majority of them do not stick to a particular partner in their sexual relationships.

STDs can be very harmful to the body if not well treated. STDs can result to impotent or even result to death if not well treated. According to Ibe (2016), STDs can have severe medical consequences, including death. Untreated gonorrhea and chlamydia can cause pelvic inflammatory disease, or PID, in women, which can lead to infertility or chronic pain. Pelvic inflammatory disease (PID) could also cause ectopic pregnancy with subsequent maternal death. Some STDs, such as herpes and syphilis, may affect pregnancy outcome, causing spontaneous abortion, premature birth and stillbirth. Gonorrhea and chlamydia can also affect the babies born to infected women, causing eye infections and blindness. Syphilis, HIV and herpes can be transmitted to newborns, potentially causing chronic disease and death. In addition, herpes can lead to mental retardation in babies (Osgood, 2018). Some STDs , if untreated in men, can lead to infertility or a narrowing of the urethra. And, of course, HIV/AIDS is fatal. STDs can also have severe social and economic consequences. Women, especially in developing countries, may be blamed for an STI or resulting infertility. This may

lead to violence, abandonment or divorce. STDs can also result in lost work time due to illness, but the best remedy for sexual transmitted diseases is by total abstinence or personal abstinence from sexual activities (Rosenbaum, 2016). Despite the consequences associated with STDs, with appropriate preventive strategies, it could be minimized.

Personal abstinence is the best behavioral strategies to prevent unintended pregnancy and STDs. Increased abstinence accounted for approximately one-fourth of the decline in pregnancy rates for Nigeria 15–17-year-olds from 2024 to 2025 (improved contraceptive use accounted for the remainder) (Santelli, Lindberg, Finer, & Singh, 2017). As with other prevention behaviors, abstinence has a failure rate. If a young person uses self-denial perfectly, its failure rate is zero (i.e. there will be no pregnancies or STDs). However, abstinence is rarely used perfectly, and, while exact data on failure rates have not been calculated, indirect evidence suggests that it is quite high. In a nationally representative, over half of adolescents who reported making abstinence pledges at baseline (seventh to twelfth graders) retracted that report a year later. These retractions were three times more common among those reporting sexual experience at baseline or initiating sexual experience in the subsequent year (Rosenbaum, 2016). In the same nationally representative study at wave 3 (6 years later), 10% of 18–24-year-olds testing positive for an STDs had reported abstinence in the previous 12 months (Diclemente, Sales, Danner, & Crosby, 2016). Our social interactions and behavioral pattern in correlation with our belief can equally be a remedy for the prevention of STDs. People of high moral obligation and religious allusive mindset hardly engage in immoral sexual activities do to their permutated lifestyle and believe towards immortality (God).

According to Berzano and Genova (2016), lifestyle is the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture. The term was introduced by Austrian psychologist Alfred Adler in his 1929 book, *The Case of Miss R.*, with the meaning of "a person's basic character as established early in childhood". The broader sense of lifestyle as a "way or style of living" has been documented since 1961. Lifestyle is a combination of determining intangible or tangible factors. Tangible factors relate specifically to demographic variables, i.e. an individual's demographic profile, whereas intangible factors concern the psychological aspects of an individual such as personal values, preferences, and outlooks. In so many cultures and traditions, rich people are entitled to women of their choice. In some places, people from abroad are been gift with beautiful maidens in the villages for testing and marriages and this leads to spread of STDs among working class men and women in the country (*Angeline &Close, 2016)*

A rural environment has different lifestyles compared to an urban metropolis. Location is important even within an urban scope. Ponthiere (2016), opines that the nature of the neighborhood in which a person resides affects the set of lifestyles available to that person due to differences between various neighborhoods' degrees of affluence and proximity to natural and cultural environments. For example, in areas near the sea, a surf culture or lifestyle can often be present, in area that encompasses students and business, a lot of clubs, young people can attract drug abuse and sexual immoralities, but the case could change with the introduction of health education in relation with sex education awareness.

Yinka (2019), suggested that the knowledge of health education could go a long way to help the youth avoid much harm to their bodies and also avoid the dreaded diseases. In the olden

days, youths were normally kept in dark on matters concerning sex until they are married. Shine (2018) noted that it has been agreed by almost all education authorities (worldwide), that school teachers must acquire proper knowledge for changes that take place in their bodies and mind as they grow into adulthood. They need to be guided to the kind of conduct the society expects from them with respect to the sexual aspect of their lives, he stressed that the purpose of it is to provide both teachers and youths with scientific concept of the subject matter and to develop positive and critical attitude towards the practice and satisfaction of sexual feelings and derives especially among teenagers that are at the secondary school level that have started having urge for sex.

Secondary education is the education children receive after primary education and before the tertiary stage Federal Republic of Nigeria (FRN,2024). In continuation, secondary education in Nkanu West is generally the final stage of compulsory education in Nigeria. It is beyond the elementary grades, provided by a high school our college preparatory school. It is not certain whether secondary school students are aware of STDs and also; whether they have right attitude towards it. Adolescents are important segment of Nigerian society which makes up over a third (31.6 percent) of Nigeria's population (Eluke, 2018). Adolescents are generally defined as persons under various laws, conventions and culture, who are within the ages of 10-19 and 10-24 years old according to World Health Organization (WHO, 2016). It is a period of life from puberty to attainment of full maturity (adult hood) or growth, a time of being young when one's appearance is full of freshness, vigor and young spirit.

Adolescents also share certain characteristics that distinguish them from other generation. Such characteristic includes desire for independence, zealousness, radicalism, rebellions, curiosity, sexual risk behaviors, etc. It is both a period of opportunity as well as a time of vulnerability-a time of experimentation with new ideas and options and marked with vulnerability to health risk and those related to unsafe reproductive health outcomes. Gender as in the context of this study can be defined as the social-cultural attribute to differentiate a man from a woman. Gender according to World Health Organization (2018), refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. Therefore, this survey will be conducted in order to investigate preventive strategies adopted for the sexually transmitted diseases among adolescent's secondary school students in Nkanu West L.G.A, Enugu State.

Statement of the Problem

Adolescents usually engage in risky sexual practices which may increase their chances of contracting sexually transmitted diseases or infections. There is evidence that most of the adolescents seen in STD clinics had previous history of vaginal intercourse, sexually active female adolescents have had genital tract infection. For instance girls claimed they had been infected with gonorrhea and syphilis. The researcher observed that sexually active adolescents in secondary schools in Nkanu West LGA had contracted STDs and many young girls have experienced unintended pregnancy while sexually active girls claimed to have been pregnant at least once.

Sexual transmitted diseases have generated some social predicaments such as illegal abortion, unintended pregnancies which most of the time results to untimely death, spreading of some

sexual diseases (such as gonorrhea, staphylococcus, and HIV/AIDS) and high rate of bastards. In Nkanu West LGA, adolescent secondary school students are regularly seen interacting with the opposite sex especially the undergraduate students in the various institutions of higher learning in the locality who reside as off campus students. Such interactions in most cases results in unprotected sexual intercourse which may result in contraction of STDs. Some of them may become asymptomatic which may further spread the disease to others. Contraction of STDs may negatively affect the fertility of these students in their family life hence the need to adopt the preventive strategies for STDs. Failure to adopt. The question therefore is do students in public secondary schools in Nkanu West LGA adopt preventive strategies for STDs? what are the personal, lifestyle and Health education preventive strategies adopted by the secondary school students for STDs?

Purpose of the Study

The main purpose of this study is to find out the preventive strategies adopted for the sexually transmitted diseases among adolescent secondary school students in Nkanu West LGA, Enugu State. Specifically, the study aims at the following:

1. To identify personal preventive strategies adopted for STDs by adolescent secondary school students in Nkanu West LGA, Enugu State.
2. To identify lifestyle preventive strategies adopted for STDs by adolescents' secondary school students in Nkanu West LGA.

Research Questions

The following research questions were formulated to guide the study,

1. What are the personal preventive strategies adopted for STDs by adolescents' secondary school students in Nkanu West LGA, Enugu State?
2. What are the lifestyle preventive strategies adopted for STDs by adolescents' secondary school students in Nkanu West LGA, Enugu State?

Hypotheses

The following hypotheses were formulated at 0.05 alpha level and guided the study

1. There are no significance differences between male and female students on personal preventive strategies adopted for STDs by adolescents' secondary school students
2. There are no significance differences between male and female students on lifestyle preventive strategies adopted for STDs by adolescents' secondary school students

Method

The design of the study was a descriptive survey which aims at collecting data specifically on the opinions, attitudes and views of the subjects on a particular issue as sexually transmitted diseases. The area of this study was Nkanu West Local Government Area of Enugu State. The population for the study comprised of 2931 male and female senior secondary school students from the twelve (12) secondary schools in Nkanu West Local Government Area. The simple size for the study was 293 male (100) and female (193) senior secondary school students from five out of 12 public secondary schools in the area.

The researcher made use of questionnaire titled Preventive Strategies for Sexually Transmitted Diseases Questionnaire (PSSTDsQ). The validity of the questionnaire was done using three experts, two from the Department of HKHE and one from the Department of Mathematics and

Computer Science Education and specialized in Measurement and Evaluation all from the Faculty of Education, ESUT, Enugu. The analysis of data was done with mean. This is because mean is generally regarded as a good measure of central tendency. The responses of the respondents were scored based on the points assigned to each response which include: Strongly agree-4 points; Agree-3 points; Disagree-2 points and Strongly disagree-1 point. The decision rule was that mean responses of 2.50 and above signifies agreeing to the item statement highlighted while mean responses below 2.50 signifies disagreeing to the item statements highlighted.

Results

Research Question One: What are the personal preventive strategies adopted for the prevention of STDs by adolescents secondary school students in Nkanu West L.G.A, Enugu State?

Table 1: Mean Ratings of the Respondents on Personal Preventive Strategies for STDs

n=286

S/N	ITEM STATEMENT	SA	A	D	SD	X	Deci
1	Using condoms prevents me from deriving full pleasure from sexual intercourse despite the health risks involved	84	91	65	46	2.74	A
2	.Taking a glass of salt water solution immediately after sexual intercourse.	86	89	60	49	2.72	A
3	Going for blood test to confirm the health status of my sexual partner before engaging in any sexual intercourse.	53	69	78	87	2.31	D
4	Practice of abstinence	59	64	74	89	2.33	D
5	Pressing the genital of my male partner before engaging in any sexual intercourse.	91	80	66	49	2.74	A
	Grand mean					**2.57**	**A**

From the data presented in Table 1, the respondents generally agreed with the majority of the items as personal preventive strategies for STDs. However, items 3 and 4 show disagree. The grand mean of 2.57 signifies agree. This means that senior secondary school students in public secondary schools in Nkanu West LGA agree with the item statements highlighted as personal preventive strategies for STDs.

Research Question Two: What are the lifestyles preventive strategies adopted for the prevention of STDs by adolescents' secondary school students in Nkanu West L.G.A, Enugu State?

Table 2: Mean Ratings of the Respondents on Lifestyle Preventive Strategies for STDs

n=286

S/N	ITEM STATEMENT	SA	A	D	SD	X	Deci
6	I prefer playing with friends to engaging in sexual intercourse with the opposite sex.	68	56	85	77	2.40	D
7	Avoiding sexual intercourse with street boys and girls..	83	87	69	47	2.72	A
8	Keeping individuals with integrity as friends helps t minimize requests for illicit sex	79	89	61	57	2.66	A
9	My take is that sex is sacred	70	80	67	69	2.53	A
	Grand mean					**2.58**	**A**

From the data presented in Table 2, the respondents generally agreed with the majority of the items as lifestyle preventive strategies for STDs. However, item 6 shows disagree. The grand mean of 2.58 signifies agree. This means that senior secondary school students in public secondary schools in Nkanu West LGA agree with the item statements highlighted as lifestyle preventive strategies for STDs.

Hypothesis 1

There are no significance differences between male and female students on personal preventive strategies adopted for STDs by adolescents' secondary school students

Table 3:

***t-test Statistics on the Mean Ratings of* male and female students on personal preventive strategies adopted for STDs by adolescents' secondary school students.**

Respondents (Teachers)	N	$\bar{x}$	SD	t-value	Df	Sig. (2tailed)	Remark
Male	100	2.75	1.03	0.313	284	0.347	Not
Female	193	2.73	1.01				Significant

Table 3 shows that the t-value of 0.313 is obtained at 0.05 level of significance and 284degree of freedom with the significant value of 0.347. However, since the significant value is more than the level of significance, the null hypothesis is statistically insignificant and thus, not rejected for these items. This implies that there is no significant difference in the mean ratings of male and female students on personal preventive strategies adopted for STDs by adolescents' secondary school students.

Hypothesis 2

There are no significance differences between male and female students on lifestyle preventive strategies adopted for STDs by adolescents' secondary school students.

Table 4:
t-test Statistics on the Mean Ratings of male and female students on lifestyle preventive strategies adopted for STDs by adolescents' secondary school students.

Respondents (Teachers)	N	$\bar{x}$	SD	t-value	Df	Sig. (2tailed)	Remark
Male	100	2.71	1.00	0.170	284	0.519	Not
Female	193	2.55	1.02				Significant

Table 4 shows that the t-value of 0.170 is obtained at 0.05 level of significance and 284degree of freedom against a significant value of 0.519. Hence, since the significant value is more than the level of significance, the null hypothesis is not significant and therefore not rejected. By implication, a significant difference does not exist between the mean ratings of male and female students on lifestyle preventive strategies adopted for STDs by adolescents' secondary school students.

Summary of Major Findings

1. Senior secondary school students in public secondary schools in Nkanu West LGA adopt the item statements highlighted on personal preventive strategies for STD except for abstinence.
2. Students in public secondary schools in Nkanu West LGA adopt the item statements highlighted on lifestyle preventive strategies for STDs with exception of playing with friends as against having sexual intercourse.
3. There are no significance differences between male and female students on personal preventive strategies adopted for STDs by adolescents' secondary school students
4. There are no significance differences between male and female students on lifestyle preventive strategies adopted for STDs by adolescents' secondary school students

Discussion of Findings

The discussion of various findings of the study is presented as follows; The findings of the study as presented in Table 1 shows that **s**enior secondary school students in public secondary schools in Nkanu West LGA adopt the item statements highlighted on personal preventive strategies for STD except for abstinence. This finding agrees with the reports by Bamidele (2017), who observed that going for blood test and having a good personal information are measures of preventing STDs.

It was also found as presented in Table2 that students in public secondary schools in the locality adopt the item statements highlighted as lifestyle preventive strategies for STDs with exception of playing with friends as against having sexual intercourse. The finding agrees with the report of Onwudenjo (2024), who confirmed that students are more careful in making friends that will lead them into having sexual intercourse. There are no significance differences between male and female students on personal preventive strategies adopted for STDs by adolescents' secondary school students

One of the findings of the study as presented in Table 2 shows that students in public secondary schools in the locality adopt the item statements highlighted as Health Education preventive strategies for STDs with exception of having sexual intercourse outside marriage. The finding also agrees with the report of Karlinger (2021), which pointed out that attitudes of students towards STDs have improved as they are carefully in choosing their life health

orientations to avoid contraction of STDs. There are no significance differences between male and female students on lifestyle preventive strategies adopted for STDs by adolescents' secondary school students

Conclusion

From the findings of the study, it was concluded that adolescents in schools are gaining serious awareness regarding STDs and adoption of its preventive/control measures. This also means possible avoidance of serious health consequences associated with its occurrence.

Recommendations

Based on the finding of the study, the following recommendations are made:

1. There should be continuous health talks on STDs during school health week in order to sensitize the students on personal, lifestyle and Health Education preventive strategies for STDs.
2. Pamphlets and hand bills on health education strategies for the prevention of STDs should be distributed to students through health advocacy to further strengthen the already existing awareness on the preventive strategies for STDs.

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