

Impact of Syndromic Management of Sexually Transmitted Infections among out of School Female Youths.

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Abstract

This study investigated the impact of Syndromic Management of Sexually Transmitted Infections on out-of-school female youths in Sagamu Area of Ogun State. Sexually Transmitted Infections have posed major public health problem all over the world. The rate of STIs among the youth is becoming alarming. Over twenty different organisms can be transmitted through sexual activity. Meanwhile the relationship between STIs and HIV infections makes management and control of STIs a major public health concern. STIs are now recognized as a serious global threat to the health of the youths. Quasi Experimental research design of one group pretest and post test was used for this study. Four research hypotheses were generated and tested. Eighty (80) female out of school youths were selected from Ten (10) trade organizations within Sagamu township of Ogun State through random sampling and purposive sampling method. The major instruments used for data collection is the ARFH 1996, YDP 2007, ARFH 2008 prepared guide question on adolescents youths sexual health problem and STIs management. The reliability of the instrument was 0.85. The intervention training lasted for 4 weeks using 1 hour each day for 5 days from Mondays – Fridays. Data collection through pretest and post test questionnaire based on their knowledge, attitude and practice on youths out of school sexual health problems. The pair-t-test statistical analysis was used to analyze the data.

Based on data analysis, the result revealed that Syndromic Management have impact on urethra discharge symptoms and abnormal vaginal discharge symptoms while it has no impact on genital ulcer disease and Female lower abdominal pain (FLAP) symptoms among out of school female youths. Syndromic Management is recommended as a method to influence youths out of school on sexual behaviour. It is also recommended for the reduction of STIs, and other youths challenges such as prostitution, drug abuse, alcoholism, cultism, child abuse and rape.

Key Words--- Syndromic Management, Sexually Transmitted Infections (STIs)

Introduction

Sexually Transmitted Infections (STIs) have posed major Public Health problems all over the world. Surveys in some developing countries show infection rate of 40% in antenatal clinic. A survey to determine the prevalence of STIs syndromes among STIs patients in Nigeria recorded an overall prevalence of 61.0% for lower abdominal pain, 65% for urethral discharges; 12.9% for genital ulcers; and 17.3% for scrotal swelling, (Association for Reproductive and Family Planning 2000). The synergistic relationship between STIs and HIV is well recognized. In Africa transmission of the virus takes place mainly through heterosexual intercourse. Studies have shown that STIs increase concentration of HIV in genital secretions (Ghys, Dialo, Etigue-Traore 1991) and that improved clinical management of STIs significantly reduce the incidence of HIV infection in developing countries (Mbofana, Britto, Saifodine, & Cliff, 2007).

In Nigeria, the median prevalence of HIV among STIs patients was found to be 11.5% (FMOH Technical Report 2001). Apart from the risk of acquiring HIV infection, ectopic pregnancy, cancer, neonatal infection and death. The syndromic approach emphasizes on quality of care, including uniform recording keeping, safety and follow up. It also encourages referral to centers with laboratory facilities for appropriate management of difficult cases. The syndromic approach can be adapted to all levels of the procedure where after the presumptive clinical diagnoses based on identification of symptoms and early recognition of signs of STIs has been made, treatment which will deal with majority of the organisms responsible for producing each syndrome is given without laboratory test. It offers effective and prompt treatment of STIs which is necessary for the control of HIV/AIDS. STIs continue to account for one of the top five conditions for which adults seek health care in Africa. The exact size of the problem in most developing countries, including Nigeria is unclear because of incomplete information. (ARFH, 2000). It is clear however that:-

- STIs greatly increase the risk transmitting HIV infection, which caused AIDS. The number of people infected with HIV in Nigeria is rising. The average National prevalence rate in Nigeria based on sentinel surveillance study which uses ante-natal clinic attendance as proxy to the general population has shown a steady increase from 1.8% in 1992 to 3.8% in 1993, to 4.5% in 1999. using the 1995 prevalence rate of 5.4%. It is estimated that 2.6million Nigerians are HIV positive and may go on to develop full blown AIDS

which has no cure. Young people are most vulnerable, in the 1999 study population aged 20 – 24 years had the highest rates of HIV infection, (between 4% and 9%). Hospital records in Nigeria also show that there are more STIs amongst the sexually active groups who are below the age of 21.

- STIs are not only important because of acute symptoms such as ulcer and discharge but the associated complications can be devastating. These include chronic lower abdominal pain, fertility or cancer in women. . Men can develop urethral stricture and infertility while infant can die from congenital syphilis or may be born with severe eye infections which may lead to visual impairment or blindness. They may also develop life-threatening pneumonia.
- About 7,000 people throughout the world who are age 10-24 are infected with HIV daily approximately 2.5million per year. Nearly 2 million of these infections occur in Africa in contrast, 700,000 new infections per year occur in Asia and Pacific, (Dallabetta, Laga, and Lamprey, 2001). Half of new HIV infections are among 15 – 24years olds. Sub-Saharan African is the epicenter of the AIDS transmission, with two thirds of the AIDS cases reported worldwide.
- Sexually Transmitted Infection (STI) rates are four times higher in Sub-Saharan African and Middle East, and three times higher than in North America.
- Of young people age 10-24 in the region, 30-60% report knowing another youth with and STI, 10-20% report having had at least one STI themselves. Of the 460,000 estimated AIDS – related deaths of children under age 15 420,000 occurred in Sub-Sahara Africa (Focus on Young Adult 1999).
- There are about 2.6million new HIV infections among young people per year representing 50% of all new cases; 7000 young people are infected with HIV daily; about five young people are infected with HIV every minute.
- Only 14% recognized symptoms of vaginal discharges. 20% - 30% of adolescent males and 10% of adolescent females are sexually active before marriage.

However, some countries like New York, Thailand have achieved a fall in rates of STIs as a result of use of the syndromic management and easily accessible health service, coupled with behaviour change among high risk and vulnerable groups. In addition, a study conducted in East Africa showed that prompt and appropriate treatment of STIs using the syndromic management approach couples with effective prevention programmes, including, condom use, reduced the rates of HIV infection by as much as 40%. Nigeria must also strive to achieve this goal.

Objectives of the Study

- (1) To reduce the spread of STIs among youths to the barest minimum and
- (2) To develop responsible and healthy youths.

Statement of the Problems

The rate of STIs among youth is becoming alarming. Over 20 different organisms can be transmitted through sexual activity. STIs are serious conditions that can lead to infertility, cause infection in unborn babies and in some cases, can lead to death. STIs are a public health concern because the epidemic is rapidly spreading and because STIs can take a large portion of service providers, time and a large proportion of the drug budget. Many STIs also help in acquiring and transmitting HIV. Meanwhile, the relationship between STIs and HIV infection makes controlling STIs a high public health priority. STIs are now recognized as a serious global threat to the health of the youths. The researchers resolve to apply the syndromic management techniques on STIs of some selected youths and come-out with their findings.

Research Hypotheses

1. Syndromic Management has no significant impact on the treatment of Genital Ulcer Disease symptoms among out-of-school female youth in Sagamu Township.
2. Syndromic Management has no significant impact on the treatment of Urethra Discharge symptoms among out-of-school female youth in Sagamu Township.
3. Syndromic Management has no significant impact on the treatment of Abnormal Vaginal Discharge symptoms among out-of-school female youths in Sagamu Township.
4. Syndromic Management has no significant impact on the treatment of Female Lower Abdominal Pain (FLAP) symptoms among out-of-school female youth in Sagamu Township.

Significant of the study

Apart from training and equipping the youths on Syndromic Management, it will empower the youths to make informed decision on their sexual health. It could be an opportunity of using the right services to manage STIs if

need be. It also creates awareness on peer education of other youths that are not part of the study. Early exposure of the youth to such information will serve as a guide against future inadequacies that may result in mismanagement of STIs, especially those youth that are exposed very early to sexual activities. It could also serve as an eye opener to the service care providers that youth are special groups to target if we look for better health of our community. However, it may help the providers to learn more skills related to youth focused care and services that are friendly. The effective and good baseline/background study of the youths in this aspect will create avenue for future research work.

Methodology

The study was undertaken in Sagamu town in Ogun State; It is strategically located close to the junctions of two busy major express roads in Nigeria – the Lagos/Ibadan and Sagamu/Benin City express roads. These two roads link other parts of Nigeria to the densely populated Lagos metropolis. Sagamu is a semi-urban town in the South-western part of Nigeria with a total land mark of 68.03sq.km. it is about 60kilometers from the Port city, Lagos with a population accounted 205,908 (1996) Census, out of which female population accounted 102, 819, male were 103,089. It has one of the country’s major Cement Factories and Depot of Petroleum product. All forms of commercial activities take place in the town especially the kola-nut trade with the Northern part of the country for which Sagamu is particularly famous. The community, Sagamu is cosmopolitan in nature with immigrant population from all over Nigeria and indeed West Africans reside there. The major religion practiced includes Christianity, Islam, and African Traditional Religions. Sagamu being an area crossed by the highways coming from Lagos, Ondo, Oyo State and Northern states thereby making it to constantly witness heavy traffic and youth migrate from other towns to the city for greener pasture, its business nature makes it attractive to youth to come and settle in the town, this may partly be accountable for the increase of HIV concentration as submitted by Adetunji, (2002).

The Quasi-Experimental research design of one group pre-test and post-test was adopted in this study. Quasi-Experimental design refers to the application of an experimental mode of analysis and interpretation of bodies of data not meeting the full requirement of experimental control. The population for the study comprises of 80 female out-of-school youth. The participants were selected according to some criteria that avoid biases and stigmatization of the respondents.

The research instrument was a guided questions adolescent/youth sexual health problem and STI management developed in 1996, 2007 and 2008 by Association for Reproductive and Family Health (ARFH) and Youth Development Programme (YDP). The pre-test was administered before the commencement of the Syndromic management to assess the previous knowledge, practice and attitude of the respondents, while the post-test was administered at the end of the four week intervention training programme. The training lasted for four (4) weeks, using 1 hour each day for 5 days from Mondays – Fridays. The prepared question guide was a structural interview Method (SI) on each of the subject at the onset and at the end of the training. Each respondent answered 10 questions each on the pre test and post-test paper prepared.

All the responses for each completed question were coded for data analysis. The difference between the two scores i.e. Pre-test was coded for analysis.

Then t-test was used to test the stated hypotheses at significant level of 0.5, while percentage was used for demographic data of the respondents.

Data Analysis:

Table 1: T-test Pair sample impact on genital ulcer disease.

Pair 1 pre-post	Pair differences			T	Remark
	X	Std	Std		
	-40.13	11.53	1.29	-31.132	Accept

No = 80, df = 79, p<0.05, t=2.000, Reject Ho

The test analysis indicated means of -40.13 and Std deviation of 11.5 with Std error means of 1.29 and obtained T-test of -31.132 at the df of 79. The test value 2.00 therefore, the hypothesis is accepted. This implies

that syndromic management has no significant impact on the treatment of genital ulcer disease symptoms among out-of-school female youth in Sagamu town.

Discussion of the Findings

Hypothesis 1

In testing the hypothesis on genital ulcer disease symptoms among out of school youths in Sagamu Town, the null hypothesis was accepted which implies that Syndromic Management has no significant impact on the treatment of genital ulcer disease symptoms among out-of-school female youth in Sagamu Town. Therefore, the findings is in line with Association for Reproductive and Family Planning, (2000) reports that not all genital ulcer are due to STI, and at the same time inability to abstain from sex, self medication, as well as incomplete dosage debar the effectiveness of syndromic management. Meanwhile, syndromic management has impact on genital ulcer symptoms that is due to STIs as reported by (Adetunji, 2002; Association for Reproductive and Family Health, 2000)

Hypothesis 2

Syndromic Management has no significant impact on the treatment of Urethra Discharge Symptoms among out-of-school female youth in Sagamu Town.

Table 2: T-test Pair sample test significantly impact on Discharge Symptoms.

Pair 2 pre-post	Pair differences			T	Remark
	X	Std	Std		
	31.75	9.78	1.09	29.039	Reject

No = 80, df = 79, $p < 0.05$, $t = 2.000$, Reject H_0

Based on data analyzed, the table above indicates that at $df = 79$, $p < 0.05$, $t = 2.000$, the H_0 is therefore rejected; this implies that syndromic management has significant impact on the treatment of Urethra Discharge Symptoms among out-of-school female youth in Sagamu Town.

Discussion of the Findings

Hypothesis 2

The findings of this study corroborate Dallabetta, Laga, and Lampreya (2001); Dos Santos, Folgosa, Fransen, (2001); Fleming, Wasserheit (2001); Mbofana, Brito, Saifodine & Cliff, (2007); Elias & Leonard (1995); Federal Ministry of Health, (2001); GhysPD, Dialo, Etigue-Traore, (1991); Lande (1993); and Syndromic Management of Sexually Transmitted Infection Manual (2001) that Syndromic Management has positive influence on treatment of STIs. Therefore, Syndromic Management has significant impact on the treatment of Urethra Discharge Symptoms among out-of-school youths in Sagamu town.

Hypothesis 3

Syndromic Management has no significant impact on the treatment of Abnormal Vaginal Discharge (AVD) Symptoms among out-of-school female youth in Sagamu Town.

Table 3: T-test Pair sample test significantly impact on AVD Symptoms.

Pair 3 pre-post	Pair differences			T	Remark
	X	Std	Std		
	31.75	9.78	1.09	29.039	Reject

No = 80, df = 79, $p < 0.05$, $t = 2.000$, Reject H_0

This result of analysis indicated that $df = 79$, $p < 0.05$, $t = 2.000$, therefore the H_0 is rejected; which implies that Syndromic Management has significant impact on the treatment of AVD Symptoms among out-of-school female youth in Sagamu Town.

Discussion of the Findings

Hypothesis 3

The result of this study revealed that Syndromic Management has significant impact on the treatment of AVD Symptoms among out-of-school female youth in Sagamu town. This is in support of World Health Organization (1985/1991), Adetunji (2002); Association for Reproductive and Family Health, (2000); Fleming; Wasserheit. (2001); and Mbofana, Brito, Saifodine, & Cliff (2007) that Syndromic Management has impact on the treatment of Abnormal Vaginal Discharge Symptoms.

Hypothesis 4

Syndromic Management has no significant impact on the treatment of Female Lower Abdominal Pain (FLAP) Symptoms among out-of-school female youth in Sagamu Town.

Table 4: T-test Pair sample test significantly impact on FLAP Symptoms.

Pair 4 pre-post	Pair differences			T	Remark
	X	Std	Std		
	-7.25	2.28	3.16	-2.293	Accept

No = 80, df = 79, $p < 0.05$, $t = 2.000$, Reject H_0

This result of analysis indicated that at $df = 79$, $p < 0.05$, $t = 2.000$, the H_0 is accepted; which implies that Syndromic Management has no significant impact on the treatment of FLAP Symptoms among out-of-school female youth in Sagamu Town.

Discussion of the Findings

Hypothesis 4

The result of the study revealed that Syndromic Management has no significant impact on the treatment of female lower abdominal pain symptoms among out-of-school female youth in Sagamu town. This is in contrast to the view of Adetunji, (2002); Association for Reproduction and Family Health (2000); Celum, Wilch, Fennel and Stamm (1994). Dallabetta, Laga and Lamprey. (2001). Dos Santos RB, Folgosa, Fransen, (2001) Fleming Wasserheit. (2001). F.S Mbofana, F J Brito, A Siafodine & Cliff, (2007). Federal Ministry of Health, (2001); and Syndromic Management of Sexually Transmitted Infection Manual (2001) that Syndromic Management has no significant impact on the treatment of Female lower Abnormal Pain Symptom.

Conclusion

Based on the findings of this study, the researchers could draw the conclusion that Syndromic Management has no significant impact on the treatment of genital ulcer disease symptoms and FLAP Symptoms among out-of-

school female youth in Sagamu town; while it has significant impact on the treatment of Urethra Discharge Symptoms and Abnormal Vaginal Discharge AVD Symptoms among out-of-school female youth in Sagamu Town. There are both advantages and disadvantages to managing STIs syndromically but within the South Africans context, the advantages out-weigh the disadvantages. Although this methods also works in Nigeria but the advantages had yet been confirmed to outweigh the disadvantages.

STIs have been inadequately managed in both the public and private health sectors of Sagamu. STIs are highly prevalent in Sagamu Township; and this may cause morbidity and mortality through their impact on reproductive and child health.

RECOMMENDATIONS

1. Direct teaching of health education as a compulsory school subject right from primary school can be a way of enlightening the youths.
2. Peer education is recommended as a method of change to influence youth out-of-school sexual health.
3. Government should encourage and finance the programmes that can improve the life of the youths and make necessary place for every child as they approach and enter adolescent period.
4. Various training, seminars and conference that are youth focused and youth friendly should focus on moral, good value and value clarification, high self esteem and appreciation of our culture that produce balanced youths into adulthood should be constantly organized for the youth.
5. Syndromic management of STIs should be offered both in the public and private health sectors where first-line services are offered. In view of the seriousness on the HIV epidemic, the prevention and effective control of STIs are urgent public health priorities.

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