

Knowledge and Treatment Seeking Behaviour of University of Ilorin Students in Kwara State, Nigeria

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Abstract

The growing rate of risky sexual behaviour among young adults contributes significantly to the spread of Sexually Transmitted Infections epidemic in Nigeria. As a result of which this study explores STIs knowledge and treatment seeking behaviour among University of Ilorin students aged between 18-25 years. An in-depth interview was conducted among forty students. The study reveals that young adults have a good knowledge of HIV/AIDS but few of them have little knowledge of only gonorrhoea. It was noted that the informants still have a lot of ambiguous information that relates to STIs. They also perceived risky sexual behaviour is common among their peers. When they had STIs, most of them prefer to get self-medications from traditional healers or patronize road side pharmacy. Also, they do not like to go to medical practitioners because of stigmatization by medical practitioners, lack of confidentiality, slow service and low cost. It is recommended that a multi-sectoral effort of young peoples' families, Non-Governmental Organisations, traditional medical practitioners, media practitioners and health professionals towards improving STIs knowledge as well as promoting and encouraging preventive as well as effective treatment practices must be made available for this population. The study concludes that there is a need for the implementation of an all-encompassing integrated multi-sectoral approach which will utilise all the various stakeholders in providing a comprehensive abstinence sexuality education for young adults.

Keywords: Knowledge, treatment, STIs, campaign, young adults.

1. Introduction

Sexually Transmitted Infections (STIs) are presently the most common infectious diseases which are responsible for several reproductive health problems affecting young people around the world (Aliyu et al., 2013; Anwar, Sulaiman, Ahmadi, & Khan, 2010; Dehne & Riedner, 2001; Lewis, Latif, & Ndowa, 2007; WHO, 2001). Accordingly, this infection resulted into an important public and social health issue. Consequently, there is now overwhelming evidence that the provision of relevant information about STIs and the concomitant improved treatment of symptomatic STIs is highly desirable for an effective intervention in the prevention and control of STIs (Cohen, 1998; Eaton, 2010; Grosskurth et al., 1995; Lillie, Pulerwitz, & Curbow, 2009). However, the sexual and reproductive health needs of young people are often unmet in developing countries (Erulkar, Onoka, & Phiri, 2005; Lewis, Latif, & Ndowa, 2007) which results in the prevalence of STIs infections.

Young people below the ages of 25 are disproportionately affected by STIs because of their engagement in unsafe sexual practices such as multiple sexual partnerships, casual sex and inconsistent condom use (Kiapi Iwa & Hart, 2004). Correspondingly, WHO (2001) stated that young people in this age category have experienced over 100 million new cases of STIs annually. This shows that the age between 15–24 years is a very sensitive and important aspect of young people's life. Audinarayana (2010) explained that this period remains an evolutionary period to early adulthood, a critical period in a man's life in terms of physical growth and development, social and emotional maturity, sexual maturity and the onset of sexual activity experimentation.

Nigeria, the most populous country in Sub-Saharan Africa, has a high prevalence of STIs among young people (Adedimeji, Omololu, & Odutolu, 2007; Oladepo & Fayemi, 2011) and currently the second most populated country infected with HIV/AIDS in the world (USAID, 2008). Also, statistics from the Nigerian National AIDS/STD Control Program reveals that one-third of young people between the ages of 15 and 25 years are infected with new cases of HIV/AIDS infections (FMH, 1996). The high prevalence of the infections resulted in making STIs to be ranked among the top five diseases which young people in Nigeria seek medical attention for and the major sexually transmitted infections such as gonorrhoea and syphilis are ranked among the ten most reported noticeable diseases in Nigeria (FMOH, 2002). A survey of female adolescents in a rural Nigerian population revealed that 80% had vaginal discharge, 19.8% had candidiasis, 11% had trichomoniasis, and 10.5% had chlamydia infection (Brabin et al., 1995). Another study among patients in a hospital in Nigeria indicated that there is high prevalence of STIs in the community as well as prevailing high sexual risk behaviours (Olakolu, Abioye-Kuteyi & Oyegbade, 2011).

Prior studies about the knowledge of HIV/AIDS among young people in Nigeria revealed that the awareness level on the disease are high, however, specific knowledge of the disease still remain very scanty (Oyo-Ita et al., 2005; Wodi, 2005). Similarly, the Nigerian National HIV/AIDS and Reproductive Health Survey of 2007 revealed that most Nigerians are aware of STIs, but women possessed lower level of knowledge than men. In

another development, Temin et al.,(1999) revealed that young people in Nigeria had little knowledge of other STIs apart from HIV/AIDS. The study shows that young people did not mention a link between AIDS and other STIs which shows that there is scanty knowledge on STIs. Olaitan (2007) found that tertiary institution students in Nigeria had a high knowledge of HIV/AIDS and there was no significant difference in knowledge of HIV/AIDS between male and female students. Similarly, Ebeniro (2010) reported that knowledge of HIV/AIDS was significantly higher among female students compared with their male counterparts in Nigerian universities. Invariably, adequate knowledge of the symptoms of STIs is one of the most important rudiments for seeking treatment timely. Furthermore, assessing factors that hinders adolescents from seeking treatment for STIs is essential in deciding the practice, policy and design appropriate interventions. As an illustration, a study on the treatment seeking behaviour of young people in Nigeria revealed that young people prefer STIs treatments from traditional healers compared with orthodox medical practitioners because such providers offer confidential treatment, low cost and fast service (Temin et al., 1999).

In essence, young people are exposed to knowledge and treatment of STIs from different sources which might be full of misconceptions. This ambiguity of information can result in negative financial, social, deteriorating health or personal consequences that can result in termination of life. Therefore, having accurate knowledge about STIs and how to access appropriate treatment is important to counter myths, reduce associated fear and anxiety, change risky sexual behaviour, and create a supplementary humane and sympathetic response to individuals with the disease (Shrum, Turner & Bruce, 1989).

Therefore, it is desirable that STIs preventive communication campaign be informed by the knowledge of STIs and treatment seeking behaviour of young people which will be suitable for the diverse needs and local context of young people lives (Oladebo & Fayemi, 2011; Temin et al., 1999). Campaign that is informed by the diverse needs of young people are most effective when appropriately targeted and tailored to the contexts in which young people live and to their life circumstances. Therefore, it is important that STIs communication be appropriately designed to inculcate the realities of life of these young people.

It is noteworthy to mention at this juncture that information on young people's knowledge and their treatment seeking behaviour among students in Ilorin, Kwara State is meagre. In view of this, the current study is designed to explore the knowledge of STIs and the treatment seeking behaviour of young people between the ages of 18 and 25 in University of Ilorin, Ilorin.

2. Methodology

Our research was carried out among young adults between the ages of 18 and 25 years attending University of Ilorin, Ilorin. An unstructured personal interview was conducted for forty students in the tertiary institution after ethical approval was given by the Health Review Board of the University. Sampling of the students was based on a convenience sample. The academic advisers informed the students about the study and they were asked to report to the research assistant if they are willing to participate. In total, 19 females and 21 males participated in the interview session. Before each interview was conducted, the researcher explained in details to each respondent the purpose of the interview and the students were given the opportunity to turn down the offer of being interviewed if they so wish. Those interviewed gave verbal consent before the commencement of the interview. The students were assured that in the final report, all comments would remain anonymous and that their participation would not be divulged to others outside the discussion room. The interview sessions were conducted in English language which is the language used for instruction in the university since all students speak English fluently. Each interview lasted for forty-five minutes which was audio-taped and then transcribed. The interview sessions centred on the STIs knowledge and treatment seeking behaviour of young people. The knowledge of the informants on STIs was assessed based on the types of STIs and the symptoms of the infections that young people know. Those who admitted that they had been STIs positive in the last 12 months were further asked how they got to know that they were infected and if they sought treatment for the infection. Those who sought treatment were asked when and where they sought the treatment. Finally, those who delayed treatment were also asked to offer reason(s) for doing so.

Upon completion of data collection, all data were compiled from audio tapes, recording notes, and the primary researcher's observation note book. In transcribing the data, an attempt was made to transcribe the discussions verbatim, outlining emphasized words, pauses, and other such vocal activities as recommended by Creswell (2012). After the completion of the transcription, the data were then organised by question and response set. The content analysis was further used to uncover the themes and trends. The study categorized responses based on similar ideas and concepts which formed the main themes for the study. In all, seven themes were extracted which represent an average of 88% agreement in coding by a second assessor.

3. Results

3.1 STIs Knowledge

Overall, the result of the in-depth interview showed that all the informants have a good knowledge of HIV/AIDS

which was referred to as the big daddy of STIs; some of them have little knowledge of gonorrhoea while majority have little or no knowledge of other types of STIs. The students mentioned that STIs are contracted through unprotected sexual intercourse while HIV/AIDS apart from being transmitted through sexual intercourse can also be contracted through the sharing of sharp objects. One of the female informants explained that: “I have heard about HIV before...it was caused by sharing sharp objects and having unprotected sex with people....it can be prevented by avoiding the sharing of sharp objects and through the usage of condom” Another female student explained: “I think I know of herpes but the most common is HIV, those are the two I remember right now. HIV is common due to huge awareness and its becoming rampant as it took us unawares.”

One of the informants expressed that: “What I understand is that it is a disease that can be transferred through sexual act. STIs can only be contracted through sexual intercourse while HIV/AIDS can be contracted through other means like sharing of sharp objects”.

Many of the informants are aware of gonorrhoea but they do not have in-depth knowledge about it as a form of STIs while syphilis was mentioned by few respondents. A few of the students mentioned that they have heard about other forms of STIs such as staphylococcus, hepatitis B and candidiasis but they do not have any information about it. For example, one said: “I know of gonorrhoea and HIV/AIDS. I can only recall only these two forms of STIs.” Another of the informant mentioned that “STIs are diseases that are transmitted sexually which are gonorrhoea, staphylococcus and HIV/AIDS. I don’t know anything about staphylococcus but I know a little about gonorrhoea.” The above statements show that the respondents have adequate knowledge of HIV/AIDS, while they have little or no knowledge of other forms of STIs. This perspective is particularly insightful with respect to the fact these young people despite being sexually active and educated do not have in-depth knowledge about other forms of STIs apart from HIV/AIDS.

3.2 Low Knowledge on STIs

When students were asked the reason for the little or no knowledge of other forms of STIs, one of the male students expressed that: “I only hear about gonorrhoea and staphylococcus when the traditional herb advertisers are promoting their products like Ajasepokipoki, Yemkem etc. I have never seen the advertisement like the way we see advertisements of HIV/AIDS neither have I attended any public lecture or forum in which they talk about other STIs like they do talk about HIV”. Another informant explained that: “...the other forms of STIs are not as ubiquitous like HIV/AIDS. We do not always hear about it like we do hear about HIV/AIDS. I heard about gonorrhoea through my friends and also through the traditional herbal medicine manufacturers who make advertisements on the television, radio and newspapers ” One of the male students further expressed that he had never attended any public lecture or forum where they discuss about STIs like they do talk about HIV. This shows that information on STIs from the mass media focus mainly on HIV/AIDS at the detriment of other forms of STIs like gonorrhoea, syphilis, herpes and staphylococcus.

3.3 Symptoms of STIs

Majority of the informants mentioned that pain in the genital area and painful urination was the most frequently mentioned symptoms of gonorrhoea. For example, one of the male informants said: “The symptoms that I know of are painful urination, incessant urination and discomfort during sexual intercourse.” Another echoed: “Gonorrhoea is like an unusual discharge in the penis or the vagina... unusual discharge like blood, water or anything that is strange”. One of the female informants explained that a sore in the tongue, throat or private parts are some of the symptoms of STIs. Yet another female informant explained that gonorrhoea is an infection that cause itching in the vagina area of women and it can be cured easily when it is detected on time.

Majority of the informants understand that STIs manifest in different ways among the female and male. They explained that the symptoms of STIs especially gonorrhoea manifest quickly in the male than the females because of the complicated and sensitive nature of the female reproductive system. One of female informants explained: “I know it is hidden in a woman because our body is complex. A lady may not know she has the disease but men know easily because they usually feel a hot sensation whenever they are urinating.”

Most of the informants know the symptoms of HIV/AIDS. The most common symptoms mentioned by the young people were the deteriorating physical outlook of an individual which are breakout of rashes on the body and loss of weight. Other informants explained that one of the symptoms of HIV/AIDS is that it can lead to loss of appetite, incessant tiredness and stooling.

3.4 Forms of Contraception

Majority of the participants agreed that condoms were the best form of protection from STIs. Abstinence was mentioned as the most ideal form of protection against STIs but majority of the young people confessed that it is not an easy task to achieve for individual who is already sexually active because risky sexual behaviour is common among their peers. Another form of prevention mentioned by the young people is faithfulness between STIs negative individuals. One of the informants stressed the importance of being faithful: “if one partner is faithful and another is not faithful, there is no guarantee they wouldn’t contract STIs except they use condoms regularly. However, if both are faithful to one another, it becomes impossible for them to contract STIs.” Another informant expressed that some young people make use of charms to detect if the other party is infected

with STIs. Although the young people expressed that it is not a popular method never the less it is used by people that belief so much in it. They explained that the charm which is a leather rope is tied on the waist of the user and it quickly gives indication that the other party is infected which prompts the user to stop the initiation of the sexual intercourse.

3.5 Misconceptions of STIs

The in-depth interview revealed that young people have a lot of misconceptions about STIs; this makes many of the students to have erroneous understanding of what STIs means. Some of the informants have the perception that lice on the head can later transform into STIs while a significant others explained that gonorrhoea occur when the pubic hair of one of the sexual partners penetrates into the private part of the other partners. Yet, another informant explained that one of the symptoms of syphilis is an ulcer of the mouth. The vast majority of the female informants explained that toilet infection is a type of STIs. They argued that once a lady uses a dirty public toilet and got infected then she can pass the infection to her boyfriend if they have unprotected sex. One of the female informants explained: "...If the lady does not use a condom, she can pass the gonorrhoea to the boyfriend. Even if she does not have sex with the man she has already gotten the infection and she must look for a means to get a cure" Another female informant argued that HIV/AIDS does not exist. She based her arguments on the information that she got from her father who according to her is a pharmacist. "...My daddy does not even believe that there is HIV because my dad has always told me that people come to him to buy drugs for gonorrhoea but nobody has come for HIV." Another interesting discovery of this research was the expression by few students that it was gonorrhoea that metamorphosed into HIV/AIDS. The reason for this assertion was that they have never seen any campaign on the infection in the recent past. One of the male informants explained that "I personally feel that the HIV/AIDS that people are now making so much noise about metamorphosed from gonorrhoea. The last time I heard of gonorrhoea was when I was still a kid but recently I don't hear anything about it again. This means that gonorrhoea metamorphosed to HIV/AIDS". The perception of this informant shows that there are still so many misconceptions about HIV.

3.6 Treatment-Seeking Behaviour

One of the main questions that were explored in the study was whether the respondents have been infected with STIs before. One of the challenges of the study is that only few of the students admitted that they had contracted STIs at a particular point in their lives. Few of the respondents expressed that they had some friends who had been infected with STIs. For those who chose to talk about their STI experience, they mentioned that they prefer traditional medications as compared to orthodox medications. The respondents that had treated STIs generally agreed that most young adults with STIs symptoms sought care from traditional healers, followed by patent medicine dealers, private doctors, medical laboratory practitioners or self-medications. No one mentioned the use of doctors in state hospitals which is another source of treatment available in the study area.

There were few differences in the treatment preferences between the male and female informants. While the male informants prefer the use of herbal drugs, the female informants prefer orthodox self-medication. According to a male informant "my uncle told me that the best prescription for me is the traditional medicine because the doctors will only give me medicine that will reduce it and later on, it will come back in a harsher way, I decide to give the traditional medicine a try and it worked very well." Another reason for using the traditional medications is because orthodox medical prescriptions are considered to be very slow in the treatment of STIs and mostly unaffordable by young people. According to one of the male respondents, "...when it comes to curing STIs I will recommend the traditional medicine to anyone experiencing what I experienced because it worked perfectly for me without delay." Another informant mentioned that the treatment for STIs is quite expensive and young people find it so difficult to afford which is one of the reasons why they usually visit the road side pharmacy, apply self-medications or make use of herbs. However, a male informant explained the reason why he used the herbal treatment: "I did not use the traditional herbs because it is cheaper but because my mother believed that it is the best remedy for the situation."

Another informant revealed that the reason why young people prefer the traditional medications is because it is faster and less expensive compared to the orthodox medication. One of the informant also mentioned that stigmatisation by the medical personnel is another reason for using the traditional medications. One explained: "I wanted to go to the hospital but I was wondering what I will tell the doctor was wrong with me... when I went to the traditional herbal lady I didn't feel that way. She didn't understand me so I went with someone who could speak her language and when I got there she said I should explain exactly what is wrong with me so she will mix the right medicine for me to avoid troubles." Two other informants explained: "...the reason people do not go to hospital is mostly because of shame." Another described the probability of meeting someone you know "...when you get to the laboratory you might feel you will meet someone you know there...and they might ask you the reason for your presence in the hospital or diagnostic centre".

A female student noted that self-medication has an economic advantage but she was quick to recall how the act backfired on her. She explained: "The infection lasted for two months and it was because I didn't go for proper medication and diagnosis test in the first instance. As students we would say we don't have money but at a point

I was blaming myself because the money I spent on self-medications and other medications was more than what I would have spent if I had gone to hospital for real medication when I first noticed the symptoms. I will advise anyone having such symptoms to go for a laboratory test in order to find out what is wrong instead of involving themselves in self-medications.”

Another STIs treatment that was mentioned was prayers, which according to another female student was the last option that she opted for when her condition was deteriorating. “At a time I began to pray, that is why I said it is what you believe in that will work for you. When I started praying I told God to forgive me if I had done anything wrong because I couldn’t understand what was happening to me again.”

3.7 Disclosure of Status

The informants revealed that when people are infected with STIs they usually prefer to keep it as secret because of the stigmatisation that is attached to it. More than half of the informants who were infected with STIs in the past stated that they prefer to tell only trusted members of the family. Majority of the female informants stated that they prefer to tell their mothers or sister, none of the female informants mentioned talking to a relative. Only a few of the male informants prefer to mention their condition to their close relative like uncle and aunty. Majority of the boys explained that they prefer to talk to their friends or check the internet for information on STIs. Majority of the respondents who had experienced STIs chose to confide in few trusted family individuals. The reason for this choice was because STIs was regarded as a shameful infection and infected individuals do not always like to divulge their dirty secrets to people they have little or no trust in. According to a female informant, “I cannot tell just anybody, I spoke to my mum and my sisters; I cannot be dyeing inside and keep it to myself because this thing causes infertility... I wasn’t ready to take the risk of ... maybe shame or something, so I spoke to my immediate family about it.” A male informant said, “I told my uncle because he is educated, elderly and he is someone that I have so much respect for. He was the one that told me not to use the orthodox medication because it is slow in curing the infection.” Still another commented, “I had gonorrhoea... I told my mum and she asked me what the caused was. I asked her what the causes were and she told me it can be through sex.”

4. Discussion, Implication And Suggestions

The results of our study provide additional evidence on the urgent need to continue to educate young people on the knowledge of STIs and how and the reason for getting appropriate STIs treatment. The findings show that knowledge of the causes and prevention of HIV/AIDS among the respondents was high and this is in consonance with several studies (Adedimeji, Omololu, & Odutolu, 2007; Oladepo & Fayemi, 2011). However, there is low knowledge of other types of STIs which was also reflected in the studies of other scholars (Frappier, Kauman & Baltzer, 2008; McManus & Dhar, 2008). These studies show that young people had a high knowledge of the symptoms and transmission of HIV/AIDS, they were aware of gonorrhoea and syphilis as a form of STIs but they had little or no knowledge on other forms of STIs. The high knowledge of HIV/AIDS shows that the intervention designed to increase knowledge of HIV/AIDS has had positive impact, whereas the little or no awareness creation on other forms of STIs can be justified for the low information on other STIs. The reality of the discrimination in campaign between HIV/AIDS and other STIs belittle the consequences of these STIs such as gonorrhoea, syphilis, herpes and hepatitis B. Emphasizing that contracting other STIs might likely increase the transmission of HIV/AIDS may increase young people’s concern of other STIs. The media emphasis that the behaviour that places an individual at risk of STIs is also the one that place an individual to be at risk of HIV/AIDS is another way to improve the knowledge level of STIs. The study revealed that none of the young people interviewed have never seen campaigns of STIs like the way HIV/AIDS is being promoted. They have never seen any media advertisements on other STIs like gonorrhoea, syphilis, staphylococcus and herpes. The young people revealed that they heard about STIs through the traditional herb advertisers, internet and friends. The mass media in Nigeria place priority on cajoling young people to always use preventive measure instead of improving their knowledge level of the infections. This may be the reason why young people have basic knowledge on HIV/AIDS but not in-depth information on it. More male informants have more in-depth knowledge on STIs as compared to the females who have little knowledge on it. This finding can be attributed to the fact that males are more exposed to information because of their social network with friends. In view of this finding, STIs preventive communication campaign programmes must target young females and also emphasize that most STIs are asymptomatic in female that in young men. This finding is in line with previous research which shows that the male have more information on STIs than their female counterparts (Temin et al., 1999).

The in-depth interviews also showed that young people still have misconceptions about STIs. While few of these young people doubt the existence of HIV/AIDS others have the perception that STIs could be contracted through the use of dirty toilets. This study shows that a significant numbers of young people still do not have in-depth knowledge on STIs. This finding is in line with the studies conducted by Temin et al., (1999) and Oladepo and Fayemi (2011) which showed that young people have various misconceptions about STIs.

A key factor of STIs control approach is the improvement of STIs diagnosis and treatment which can be done

most appropriately through formal health services. The in-depth interviews revealed that majority of the young people patronise the traditional doctors for the treatment of STIs. The reason for approaching these traditional practitioners were because of stigmatisation that is experienced by the orthodox medical doctors, high cost of treatment and quick service, time, medical provider's lack of interpersonal skills, and confidentiality. This revelation shows that young people have low tolerance level for stigmatisation from medical doctors thereby compromising their health for unqualified traditional doctors. The reason for the preference for the traditional medication might be because of their exposure to the advertisements by traditional medicine organisation that disseminate information on the cure for STIs which the orthodox medication does not do. This finding tally with the work of Temin et al., (1999) which shows that young people prefer to patronise the traditional doctors compared to the orthodox doctors. Therefore, it is very important that specific program should investigate the medications that the traditional doctors provide and also to design and implement a strategy for integrating such treatments into formal medical care system. Also, it is of utmost importance that medical personnel are trained to target some of the problems that young people revealed in this study which can help in tailoring or improving of the health centres.

The young people also prefer to keep their health conditions on STIs as a top secret because of the perceived stigmatisation that is accruable from making people to know about their status. However some of the young people prefer to disclose their status to few trusted friends and family members that they believe could be of help in ameliorating their health problems. This study provides evidence that STIs is cloaked by a lot of secrecy and stigmatisation. However, several researches have shown that stigmatisation does not improve the treatment of STIs but rather it leads to an increase of the infection (Peltzer, Nzewi, & Mohan, 2004; Sayles, Wong, Kinsler, Martins, & Cunningham, 2009). As a result of this, there is a need for STIs campaign to deconstruct the stigmatisation and secrecy that surround STIs. The reduction in the stigmatisation of STIs can lead to remarkable decrease in the prevalence of STIs in Nigeria.

The study also shows that some young people prefer to use self-medication for the treatment of STIs. The reason for this choice is because it is convenient, cheaper and fast compared to going to hospitals. This finding is in consonance with finding of Okonofua et al., (2003) whose study indicated that self-treatment was the most common source of treatment for STIs among youths who had experienced symptoms of STIs. This finding further emphasized the need to design intervention programmes that will emphasize the dangers in self-medication of STIs and also the need to improve the accessibility of young people to treatment and medications of STIs.

5. Conclusion

In conclusion, this study has showed that the level of knowledge about STIs is significantly low compared to HIV/AIDS and the young people still have a lot of misconceptions about HIV/AIDS and other STIs. It was also discovered in the study that young people prefer to patronize traditional medical practitioners instead of orthodox medical practitioners. The reason for this attitude might be because they were not exposed to advertisements on other STIs on the different mass media. However, they are exposed to advertisements on STIs medications by traditional medical practitioners. Therefore, there should be an improved integrated approach through the involvement of all stakeholders particularly young peoples' families, Non-Governmental Organisations, traditional medical practitioners, media practitioners and health professionals who have vital role in improving the knowledge and treatment seeking behaviour of STIs.

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