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Incidence of Venereal Diseases among Secondary School Students In Ilorin South Local Government Area Of Kwara State, Nigeria.

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Abstract: *The study investigated the incidence of venereal diseases among students of secondary schools in Ilorin South local Government Area of Kwara State. The sample used for this study was one hundred and three male and female students (n-103) and twenty-two male and female teachers (n-22) who were randomly selected in five (n- 5) secondary schools. The five secondary schools were selected through stratification from the urban (n- 1), semi-urban (n- 2), and rural (n- 2) settlement in Ilorin South Local Government. The descriptive survey design was adopted using Incidence of Venereal Disease Among Students Questionnaire (IVDSQ) to elicit opinions from respondents. The test-retest reliability value obtained for the instrument using Pearson Product Moment Correlation Co-efficient was 0.86. Data was analysed using descriptive statistics of frequency counts and percentage for demographic data while inferential statistics of Chi-square was employed in determining the level of significance between the hypothesized and observed values at .05 alpha level. The result of the findings revealed students display sexual behaviours and developmental characteristics that placed them at risk for venereal diseases. Also that family upbringing has effect on the reported cases of venereal diseases among students of secondary schools.*

Key Words: *Venereal Diseases, Family Upbringing, Students' Behaviour, Adolescent*

I. Introduction

There has been an alarming increase in venereal diseases due to promiscuity and free sex. There is no doubt that sexual activity among Nigeria youths is on the increase with more and more youths engaging in sex earlier than ever before and with more liberal lives, this could be due to lack of knowledge of these youths on the detrimental effects of premarital sex on their health. In recent times, studies by Diana (2000), Ramond (2008), Ogunbanjo (1989) etc revealed that Nigeria youths especially adolescents have wrong perception about life, they believe that for them to claim to be in tune with trends they must engage in premarital sex, this may be one of the reasons why most of them involved in this immoral act as they would not want to be looked down on by their peer who is already engaging in such act thereby exposing these children who are supposed to be the future leaders of the country to all sorts of venereal diseases. Many of these diseases may also result from specific risk-taking behaviours.

Determinant of venereal diseases risk among students include behavioural, psychological, social, biological and institutional factors but of all these factors research from Shelia (2001) have showed that family background have a significant role in determining how adolescents react to all manner of immoral behaviour they found themselves. Olaitan (2003) defined venereal disease as an illness that has a significant probability of transmission between human or animals by means of sexual contact including vaginal intercourse, oral sex and anal sex. While in the past, these illness have mostly been referred to as sexually transmitted diseases or venereal diseases. In recent years, the term sexually transmitted infection (STI) has been preferred, as it has a broader range of meaning, a person may be infected and may potentially infect others without showing signs of disease. Some sexually transmitted infections (STIs) can also be transmitted via use of an IV drug needle after its use by an infected person. Adolescents are at greater risk of venereal diseases because they frequently have unprotected intercourse and they are biologically more susceptible to infection, they engage in partnership often with limited duration and face multiple obstacle of utilization of health care. (Kimberly & Williams 2002)

According to Lawrence and Thompson (2008), adolescence is sometimes referred to as teenage years, youth or puberty. Adolescence covers the period from roughly age 10 to 20 in child's development. There is no single event or bound line that denotes the end of childhood or the beginning of adolescence rather, experts think of the passage from childhood into and through adolescence as composed of a set of transition that unfold gradually and that touch upon many aspects of the individual's behaviour, development and relationship. Meyer (2009) contributed that Adolescence is a stage of maturation between childhood and adulthood. The term denotes the period from the beginning of puberty to maturity. It usually starts at about age 14 in males and age 12 in females. This is the period the adolescent sees themselves as becoming a man or a lady as they experienced physical development and at this stage of their lives is when they require adequate sex education from the parents and other significant others including the school so as to save them from contacting venereal

disease which will affect their lives later in the future, although most adolescents make the transition into adulthood in good health while many do not.

II. Methodology

The sample size involved one hundred and twenty-five male and female students and teachers (Student, n-103; Teachers, n-22) who were randomly selected in five (n- 5) secondary schools. The five secondary schools were selected through stratification from the urban (n- 1), semi-urban (n- 2), and rural (n- 2) settlement in Ilorin South Local Government Area of Kwara State. The descriptive survey design was adopted. Incidence of Venereal Disease Among Students Questionnaire (IVDSQ) consisting of two variables to which the participants were asked to tick the options of their choice in four-point Likert rating scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) respectively, this was intended to rate the students' incidence of venereal diseases. The validity of the instrument was ascertained by some experts from cognate unit of this study who assisted in content and construct validity. Test-retest method was used for reliability of the instrument, a correlation co-efficient value of 0.86 was obtained. One hundred and fifty (n-150) copies of questionnaire were administered by the researcher through the assistance of two research assistants after an approval from the schools principals and counsellors. Out of the 150 copies of questionnaire only 125 were correctly filled, returned and coded for analysis. Descriptive statistics of frequency counts and percentage was used to analyse data while inferential statistics of Chi-square (x^2) was used to test all hypotheses at .05 alpha level.

III. Data Analyses and Result

The demographic data revealed that the ages of the respondents ranged from 11-30 years (m = 84.8 years, SD = 5.6 years), while 19 (15.2%) of the respondents fell within 31years and above. In sex, the data revealed that 54 (43.2%) of the respondents were male while 71(56.8%) were females. As regards the educational qualification, it revealed that 28 (20.8%) of the respondents are in Senior Secondary School one (SSS 1), 34 (27.2%) of the respondents are in Senior Secondary School two (SSS 2), 43 (34.4%) of the respondents are in Senior Secondary School three (SSS 3), 3(2.4%) of the respondents have NCE certificate, 14 (11.2%) of the respondents have B.Ed/HND certificate while the remaining 5 (4.0%) have M.Ed.

Table 1: Chi-square Result of the Incidence of Venereal Infections and Secondary School Students.

Item	SA	A	D	SD	Total	Df	X^2	Critical X^2	Remark
1	31	54	26	14	125				
2	52	51	16	6	125				
3	36	46	29	14	125				
4	52	43	15	15	125	9	21.05	16.92	Ho Rejected
Total	**171**	**198**	**86**	**49**	**500**				

X^2 Cal. Value = 12.05 > Crit. X^2 value = 16.92, df 15 p<0.05

Table 1 above showed that calculated value of 12.05 was greater than the critical value of 16.92 at 0.05 alpha level. Therefore, there is significant difference in the response of the respondents on the incidence of veneral diseases and secondary school students. Consequently, the null hypothesis which state that there is no significant difference on the incidence of venereal diseases and secondary school students is rejected. This implies that the incidence of venereal diseases is traceable among male and female secondary school students.

Table 2: Chi-square result of family upbringing and reported cases of venereal diseases among secondary school students

Item	SA	A	D	SD	Total	Df	X^2	Critical X^2	Remark
1	25	45	37	18	125				
2	21	71	19	14	125				
3	51	47	17	10	125	9	59.23	16.92	Ho Rejected
4	58	50	12	5	125				
Total	**155**	**213**	**85**	**47**	**500**				

X^2 Cal. Value = 59.23 > Crit. X^2 value = 16.92, df 15 p<0.05

Table 2 above showed that calculated value of 59.23 was greater than the critical value of 16.92 at 0.05 alpha level. Therefore, there is significant difference in the response of the respondents on family upbringing and reported cases of venereal diseases among secondary school students. Consequently, the null hypothesis which state that there is no significant difference on family upbringing and reported cases of venereal diseases among secondary school students is rejected. This implies that family upbringing have significant effect on the occurrence of venereal diseases among secondary school students.

Table 3: Chi-square result of students' behaviour and the occurrence of venereal diseases

Item	SA	A	D	SD	Total	Df	X^2	Critical X^2	Remark
1	51	66	8	0	125				
2	45	54	15	11	125				
3	44	58	13	10	125				
4	58	47	11	9	125	9	18.40	16.92	Ho Rejected
Total	**198**	**225**	**47**	**30**	**500**				

X^2 Cal. Value = 18.40 > Crit. X^2 value = 16.92, df 15 $p<0.05$

Table 1 above showed that calculated value of 18.40 was greater than the critical value of 16.92 at 0.05 alpha level. Therefore, there is significant difference in the response of the respondents on students' behaviour and the occurrence of venereal diseases. Consequently, the null hypothesis which states that there is no significant difference in students' behaviour and the occurrence of venereal diseases is rejected. This implies that students' behaviour have significant effect on the reported cases of venereal diseases.

IV. Discussion of Findings

The purpose of this study was to investigate the incidence of venereal diseases among secondary school students in Ilorin South local Government. Several researches have been carried out on the incidence of diseases among secondary school students in different parts of Ilorin example is the study of Aboyeji (2003), Nwabuisi (2003), Adedoyin and Adegoke (1995), Angela (2000) etc but relatively little is known on the incidence of venereal diseases. The work of Kimberly and Williams (2002) on adolescents and venereal infections, the finding of their study revealed that adolescents are at greater risk of sexually transmitted diseases because they frequently have unprotected intercourse and are biologically more susceptible to infections which back up the findings of this study that venereal diseases are traceable among male and female secondary school students. Also the findings of the World Health Organisation (2006) after thorough study on the incidence of bacterial infections through sexual contact, they submitted that Sexually Transmitted Diseases (STD's) disproportionately affect women and adolescent that in every twenty adolescents one would have a bacterial infection through sexual contact (WHO 1996)**.** World Health Organisation 1996)further went to state that more than one million people were being infected daily and about sixty percent of these infections occur in young people between the ages of 18-25. The findings of this study also went in line with Bohin (2000) that teenagers are particularly susceptible to sexually transmitted diseases.

Furthermore, John, Stephen and Jonathan (2005) conducted a study on significant relationship between parental monitoring and the incidence of sexual intercourse. In their study they find out parental knowledge of their children's movement and submitted that there was lower level of parental monitoring was associated with several risk behaviours among adolescents which coroborrate the findings of this study that family upbringing have effect on the reported cases of venereal diseases. Linda and Michael (2009) also supported this findings through their study on the influence parental and family monitoring have on prevention of venereal diseases among adolescents and they submitted that family and parental monitoring have a great influence on the adolescents health.

V. Conclusion

In line with the findings of this study, the following conclusions were drawn that the health problem of venereal diseases is on the increase among secondary school students and this may be one of the reasons why the case of Sexually Transmitted Diseases is still on the high side despite the huge amount of financial and material supports that is devoted to health in ensuring that it reduce drastically. The family which individual grows up also have huge effect on the occurrence of venereal diseases among secondary school student, parents of these students are failing in their responsibility to providing maximum security for the students, the findings revealed that most parents of these children does not care about their movement once they leave their different homes.

Recommendation

Based on the findings of this study, the following recommendations were made:

1. Complementary actions are needed to promote health development in Nigeria adolescents
2. Government through Ministry of Health in collaboration with the Ministry of Education should organise health talk in all the secondary schools in Kwara State and Nigeria as a whole.
3. The state government should organise a workshop for parents where they will be taught the nitigrity of raising adolescent.
4. Parents should find time out of their tight schedule to go to their children's school to get information on their attendance and behaviours in school.
5. School teachers should see themselves as counsellors by providing guidance and counselling services to the students

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