Role of determinants on the onset of sti hiv

In this paper we will identify the role of various determinants in both the onset of STI/HIV among the Nigerian youth and in the effectiveness of interventions. We will also evaluate whether the determinants that affect STI/HIV among the Nigerian youth are similar to those determinants identified in the efforts to eradicate smallpox, polio and malaria.

ROLE OF DETERMINANTS ON THE ONSET OF STI/HIV

Various social science models have been used to explain the role of determinants on the onset of diseases. Thus STI/HIV among Nigerian youth can be analyzed via such models of biosociopsychological and ecological model which showed the relationship between health and disease or man and his environment (Havelka et al, 2009). The biosociopsycological model operates at three stages: social, psychological, and biological systems. However the social system contributes to the onset of HIV at society, community and family levels.

SOCIAL LEVEL : There is a high social tolerance for and frequent resort to non-consensual sex (including rape) with girls by older men in communities, educational institutions, works settings and so on (Orubuloye, *et al* , 1992; Ajuwon *et al* , 2001). Indeed, for the majority of girls in Nigeria, as in much of Africa, sexual debut is often unplanned and unwanted (Ahonsi, 2013).

COMMUNITY LEVEL: There is frequent resort to and a generalised expectation of extra-marital sex by married men including exchange of money or material goods for such sex (Smith, 2007). In fact, a prominent feature of the social landscape of Nigeria’s towns and cities is formal and

informal or disguised commercial sex on offer by female youth to a large population of generally older men.

FAMILY LEVEL : Poor child-parent/guardian/teacher communication and a habit of silence around youth sexuality with reliance on mass media and peer by youth for sexual information and counsel which are often unreliable sources (Ahonsi, 2013).

For the psychological system Havelka et al (2009) explained the link between experience, behavior and disease. The youths have less knowledge or experience about safe sex practice which invariably responsible for low risk perception among this group. And for the biological system the immature organs, cells and tissues make them prone to STI.

EFFECTIVENES OF INTERVENTIONS

Interventions	Effectiveness
Diagnosing HIV infection outside medical settings (Idoko, 2012).	This intervention aims at scaling up HIV counselling and testing uptake. It uses

testing as a means to prevention. Many have been trained and stand-alone centres activated to provide services. The waiting time for service is reduced and confidentiality is increased at stand-alone centres. This intervention has been very

	successful as youths have more confidence in accessing HCT outside the medical settings.
Prevention programs, peer education, condom distribution (Idoko, 2012).	There are different prevention programs in Nigeria but most of the interventions target condom messaging and distribution, referral. A trained

peer
educator
meets his
peers
weekly to
quantify
number of
condoms
enough for
weekly sex
episodes
and
distribute.
This aims
at
promoting
behaviour
change and
risk
reduction
practices
among
youths.
However
this has
been less

	successful because of the social factor which stigmatizes adolescent purchasing or possessing aa condom.
Parent-child sex education (Ahonsi, 2013).	This interventio n is effective but the shortcomin g is the unwillingne ss of many parents to engage their children in sex

	education. Peers therefore depend to a large extent on the media or the internet source which is often unfiltered. Alternatively this could be included in the
NYSC HIV project (Idoko, 2012).	The current HIV project for the National Youth Service Corps in Nigeria is

one
interventio
n that has
been both
strategic
and
effective.
Youth
volunteer
are
mentored
to provide
increase
RH/HIV
knowledge
among
corpers,
provide life
skills &
promote
peer
education.
They are
guided
sexual
health

messages
for their
peers and
encouraged
to promote
safe sex
practices.

Search Engine: Google Scholar

Key Words: Prevention, Sexually Transmitted Infection, Youth, Nigeria

DETERMINATS THAT AFFECT STI/HIV AMONG YOUTH AND THAT IDENTIFIED IN SMALLPOX, POLIO AND MALARIA

The health of a community results from numerous determinants. Variables such as socioeconomic status, illiteracy, geographic and political freedom, access to food, beliefs, water, sanitation, insecurity, civil unrest and religion were identified in the efforts to eradicate smallpox polio and malaria (Henderson & Klepac, 2013).

Also there are health determinants of STI among youth in Nigeria which are similar to those identified in the eradication of smallpox polio and malaria. The interlocking factors include poverty, illiteracy, unemployment and lack of amenities, social or political conflicts.

However factors such as concubinage, marriage for the dead, surrogate marriage of woman to woman or man to man, stigma and religion are

determinants of HIV/STI among youths in Nigeria but have no impact on the eradication of smallpox polio and malaria (Dibua, 2011).

IMPLICATIONS FOR DEVELOPING ALTERNATIVE APPROACHES

Funding : There is need for heads of government to be committed to reducing poverty, unemployment and illiteracy. These are common determinants in STI among youth and eradication of polio, malaria and smallpox. When fund and resources are committed there would be less movement of people, improved knowledge about health and increased access to healthcare.

Infrastructure : Efforts that improve social amenities in a community will indirectly improve hygiene. There can provide easy access to early diagnosis of infection which prompt early treatment of infection.

Surveillance : The gap between the eradication smallpox and that of malaria and polio is the strong surveillance concept of the former. This is necessary to monitor the progress and success of interventions at various stages. This structure needs be in place to monitor and capture new cases of malaria, polio and STI.

Inequalities : Health inequality is driven by socioeconomic of differences and gender inequalities. In fact healthcare system in Nigeria is funded mainly by out-of-pocket financing method. Free medical care system can help more people to access hospital for professional care.

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REFLECTIVE PORTFOLIO

In this reflective portfolio we will talk about the eradication programs and biopsychosocial models approach to health and disease.

In this unit I learnt about the public health approach to the eradication of smallpox, poliomyelitis, yawn and malaria in the world. In my opinion two major factors helped the smallpox program to succeed. First was the ability to quickly innovate e. g. production of bifurcated vaccination needle and production of health stable vaccine. Second was the concept of surveillance and containment. I think that other eradication programs have not succeeded because of lack of commitment from all heads of government. However I think that the eradication of HIV is possible if leaders can be committed to it and adequate funding mechanism is available.

I also learnt about the Havelka et al application of " *Biopsychosocial Model"* to health and disease (2009). This model helped me to see the socio-psychological situation of the men who have sex with men. My previous interventions for the MSM community had been dominated by biomedical model which is about screening for STI and HIV. With the knowledge of other determinants of health I can henceforth include programs that integrate psychosocial model into the intervention for the MSM. Although funding will be a challenge to such intervention but leveraging on other programs can be a way forward.

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