

Stds among adolescents in nigeria health and social care essay

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The first sexual intercourse is a milestone in the physical and psychological development of every adult male or adult female. It can besides ensue in unplanned gestations, insecure abortions and sexually transmitted diseases (STDs) , (Singh et al 2000) .

Harmonizing to the WorldHealthOrganisation (WHO) , two-thirds of all STDs occur among the young person (WHO 1993 and 1995) . This estimation can be explained by the high hazard sexual behavior of striplings, such as multiple sexual spouses and unprotected sexual intercourse (Rosenberg et al 1999) .

The demand for more policies and programmes in turn toing STDs among striplings should hence be a precedence for every authorities. However, the argument on sexual and generative wellness (SRH) is absent or hapless in many states, as the issue of gender and sexual intercourse make people really uncomfortable (WHO 2006) . Again, most sexual wellness programmes for striplings globally tend to concentrate on instruction and bar, go forthing out services which enable striplings to show their frights, concerns and acquire interventions for STDs and other sexual wellness issues (Nworah et al 2002) . This state of affairs can be disputing in some parts of Africa particularly the West where as an stripling, sexual wellness issues are non discussed in schools or places and there are no sexual wellness services for striplings.

However, this state of affairs is altering, particularly with the outgrowth of Human Immunodeficiency Virus (HIV) infection hitting every three in 10 striplings in Africa. This has led to the committedness of more resources for intercessions in turn toing STDs in many states (WHO, 2003) .

In this paper, I will be looking at programmes and intercessions used in covering with STDs in Nigeria among striplings, barriers to accessing STD attention for striplings, societal building of sexual wellness and proposed programmes to better on the bing SRH attention for striplings.

1. 2 STDs among striplings in Nigeria

Nigeria is the most thickly settled state in Africa, situated on the western portion of the continent with an estimated population of 151, 212million ; of this 32 % are between the ages of 10-24 old ages (UN 2008) . With such a vernal population and the high prevalence of HIV in Africa, one will presume there will be policies which are effectual in turn toing STDs among striplings in the state. However, the age of presenting SRH instruction to striplings continues to be debated, whereas recent surveies indicate an addition in sexual activities among this age group, therefore the demand to explicate steps to understate the negative impact of these sexual activities (Okonofua 1999) .

Among the factors lending to high rate of STDs among striplings include ; the deficiency of equal information about SRH, dislocation of traditional household control and globalization(Okonofua et al 1999 ; Odion and Ataman 2010) .

Although there are no accurate informations on the Numberss of STDs among striplings in Nigeria, several population based surveies indicate an addition in STDs among striplings than grownups (Okonofua et al 2003)

In an attempt to turn to the issue, the Nigerian authorities in 2000 collaborated with other international administrations and non- governmental administrations (NGOs) to develop a national SRH policy. The subdivision of the policy on striplings focused on forestalling hazardous sexual behavior and the purpose was "to addition cognition of generative biologicalscienceand promote responsible behavior of striplings sing bar of unwanted gestation and sexually familial infections " (Federal Ministry of Health 2001) . The following were the marks for the policy ;

Increased entree of appropriate generative wellness information to all striplings in and out of school.

The debut of gender and household life instruction in school course of study.

Increasing the entree of comprehensive youth-friendly wellness services including reding for all striplings, including the disabled by 20 %

Enforcement and reappraisal of Torahs relevant to adolescent wellness

To run into these marks, the national council on instruction decided to incorporate gender instruction into school course of study to turn to the high rate of STDs among striplings. However, force per unit area from the media, spiritual groups and conservative politicians reasoning that gender should non be taught in schools, therefore naming for more dilution of the programme (Federal Ministry ofEducation2008) . Sexuality instruction was hence changed to household life and HIV instruction (FLHE) , which is more acceptable by all stakeholders.

FLHE was integrated into basic topics and all 36 provinces were allowed to learn to accommodate the socio cultural demands of adolescents in each peculiar province. The course of study was besides divided into two degrees ; sensitive issues such as sexual orientation, preventives and onanism was specifically taught in senior secondary and the basic sexual wellness issues in junior secondary schools (Federal Ministry of Education 2003) .

Second, to increase entree to reproductive wellness information, SRH clubs are organised in schools where adolescents can hold forums, arguments, essay composing competitions and interact amongst themselves on sexual wellness issues. These clubs besides organise wellness consciousness runs and seminars where wellness professionals distribute educational stuffs and give negotiations on bar and intervention of STDs among adolescents (Federal Ministry of Education 2003) .

Third, some members of the club are selected by their co-workers and trained as equal pedagogues. Their preparation on STDs comprises of bar and intervention, acknowledgment of symptoms, spouse presentment, postponing of sexual intercourse pieces on intervention for STDs, benefits of early intervention, where STDs can be treated and the demand for professional aid. They so advocate pupils on one-on-one or in a group on STDs and other wellness issues. They besides distribute information on SRH issues and refer pupils with STD symptoms to the appropriate wellness professional for intervention (Federal Ministry of Education 2003) .

Finally, to guarantee enforcement of the policy, all province schools in Nigeria were made to incorporate the policy into basic school topics. The

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FLHE is the merely sanctioned SRH programme included in school course of study towards the bar of STDs (UNSECO 2010) .

In a reappraisal of the policy in 2004, the determination was made to develop more instructors who will specialise in SRH and Teach in senior secondary schools. There were besides sensitisation meetings with educationalists and NGOs working in SRH in an attempt to reenforce the programme in schools and increase the range of administrations working towards its success ((UNSECO 2010) .

A long running rating of the programme, was carried out from 2003 - 2009 in Lagos and claims were made to the followers ; pupils exposed to the programme were more knowing about gender, HIV and other STDs, addition usage of preventives, misss were confident to decline sexual progresss from male childs and better apprehension of relationships (Philliber Research Associates 2009) . In malice of these claims, surveies done earlier and after the execution of the SRH policy indicate that educational programmes have non improved on the Numberss of striplings undertaking STDs (Adeokun et al 2009) . There is therefore the demand to look into why STDs among striplings continue to be high in Nigeria.

1. 3 Why STDs Remains a Problem among Adolescents in Nigeria

Even though the incidence of STDs among Nigeria young person is said to be high, there is no defined steps in aiming striplings for intervention and bar of STDs.

Surveys have shown that in malice of sexual wellness instruction, striplings lack cognition in STD bar, intervention and other sexual wellness issues (Okonofua et al 2003) . Parents do non discourse sexual wellness issues with their kids, and information from the media is largely deformed taking to striplings seeking sexual wellness information from equals who besides lack accurate information about the topic, hence misinform others (Fatusi and Blum 2008) . The deficiency of cognition about STDs leads to high incidence of unprotected sex, inability to place symptoms of STDs and reluctance to sought intervention (Nmari et al 2010) .

The few province wellness services or clinics are besides adult oriented and guidelines in handling striplings are nonexistent hence striplings feel unwelcome in such installation and hence do non utilize the services at all when they are infected with STDs (Okonofua et al 2003) .

This state of affairs is possibly due to how sexual wellness is perceived in societies in Nigeria and West Africa.

1. 3a Barriers in accessing wellness attention vs. societal building of SRH

The societal building of gender functions has brought about inequality in every society. SHR is one country affected by gender inequality in Nigeria. Gender functions have made work forces accountants of birthrate and gender of adult females (Connelly et al 2000) ; doing adult females subordinators with less power in sexual relationships referring contraceptive method, abortion, and gestation while work forces determines the footings of the relationship (Dixon-Mueller, 1993) .

However, in a survey by Shefer et al 2002, adult females are blamed for being the causers of STDs, even though they have less power in negotiating for safer sex.

Individual 's behavior or actions on SRH reflects what is socially acceptable or non in communities. This besides explains society 's perceptual experience on striplings SRH.

The societal building of SRH for striplings in Nigeria explains why most wellness services for STDs are adult oriented. SRH for striplings is a sensitive issue in Nigeria. Both traditional and spiritual leaders believe that adolescent generative wellness should non be discussed until a male child or miss is ready for matrimony. Traditionally, striplings are taught generative wellness during the rites of transition when they are ushered into manhood or muliebrity and ready for matrimony (Marcusan et al 2010) . In the same manner, the Bible or the Koran forbids pre-marital sex hence supplying information about it will promote striplings to indulge in sexual activities before they marry (Marcusan et al 2010) . This besides explains the force per unit areas from the media, spiritual and conservative political leaders to alter the initial gender instruction programme into FLHE.

Most striplings besides complain about clinics non being youth friendly and missing privateness therefore their refusal to seek sexual wellness advice or intervention for STDs. The deficiency of privateness is besides a societal issue, from personal experience working in sexual wellness clinic, service suppliers adopt a domineering attitude in relation to service users and tend to handle patients their ain manner with small respect for their rights and self-

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respect. This state of affairs is worse when covering with patients with STDs. In a survey carried out in South Africa by Shefer et al 2002, patients with STDs were verbally abused by wellness workers by naming them names and this de-motivate striplings from seeking information and intervention for STDs.

Again, due to cultural perceptual experiences about STDs, where it is seen as grownup job, striplings who present with STDs are stigmatised by their communities. This stigmatization influences the possibility of an adolescent seeking intervention. Often times, they besides hesitate in seeking intervention because of the possibility of run intoing people they know therefore compromising the confidentiality of their visit to the STD clinic (Shefer et al 2002) .

Confidentiality as frequently used in professional codification of moralss can be broken when person 's life is threatened. Confidentiality in this state of affairs can be broken non because person 's life is threatened but for societal grounds. In most portion of West Africa, people act as their neighbor 's keeper, hence it is theresponsibilityof grownups to describe a kid or striplings if they are seen indulging in harmful patterns (hypertext transfer protocol: //www. ajol. info/index. php/og/article/viewFile/57930/46296 } . As mentioned earlier, STDs are diseases of grownups non striplings hence parents must be informed when their kids are seen accessing information or intervention for sexual wellness.

Other grounds why striplings do non seek intervention or information for STDs is the high cost of infirmary fees which they are unable to afford. Some <https://assignbuster.com/stds-among-adolescents-in-nigeria-health-and-social-care-essay/>

striplings therefore entree intervention from traditional therapists, where fees are low-cost, where they will non meet any of the jobs they face at western type of clinics and in line with societal building of diseases. For case STD was perceived as penalty from the Gods or witchery ; hence intervention must be sought from traditional therapists or the fetish priest who were seen as the oral cavity pieces of the Gods on Earth (Nworah et al 2002) . Having said these, there were besides few cringle holes in the 2000 policy which can be improved upon.

1. 5 Loopholes in the policy/programme

The ends of the policy indicate that non merely is STDs a job among striplings but besides unwanted gestations. Broadening the range of the marks to cover SRH in general was a good thought as there may be other sexual wellness jobs faced by striplings which were non documented, but at that place should hold been specific marks for STDs and unwanted gestations as it was the focal point of the policy.

Again, marks must be clip edge, nevertheless all four marks had no clip frame ; hence mensurating it will be hard. For case, 20 % was mentioned in the 3rd mark but the per centum of entree to comprehensive youth friendly wellness service before the policy was non mentioned, therefore hard to mensurate accomplishment.

The policy was for striplings in and out of school, but there was no reference of how the out of school programme was implemented, it is hence ill-defined if those out of school were exposed to the programme. It is non surprising

that the rating indicated addition cognition of SRH among striplings exposed to the programme. Again, some subjects were merely taught in senior secondary while basic subjects were for junior secondary but there were no reference of which topics the juniors were taught and whether it was relevant for them. The motivation for learning different subjects was non mentioned but this may connote that some striplings who are older but in junior secondary missed out on indispensable SRH subjects important for striplings their age.

Specialized instructors were trained for senior schools, this once more may connote those learning in junior schools were non specialised, and speaking about SRH to striplings can be abashing for both instructors and pupils and may impact the quality of instruction every bit good as pupils non inquiring inquiries to clear uncertainties.

Finally, the force per unit areas from the media, conservative politician and spiritual leaders faced the authorities to alter gender instruction to FLHE. This is a instance of people concealing behind faith, civilization and political relations to oppose a societal plan instead than rationally looking at the jobs facing their state.

To beef uping SRH programmes and cut down the incidence of STDs among striplings, there will be the demand to suggest programmes to better on the bing one.

1. 5 Proposed schemes to better programme

The purpose of the programme will be awareness run for STDs and behaviour alteration among striplings.

The programme will be restricted to striplings aged 11 to 24, therefore the junior and senior secondary age. This age group is chosen to acquire blessing from parents and besides to affect them, as a survey carried out by Wilson et Al in Ghana indicate that most parents will be unhappy for their ten twelvemonth old kid to be taught on SRH issues.

To forestall resistance to the programme, audience will be held with parents, instructors, spiritual and community leaders, politicians and the media to explicate the graduated table of the job, why it is of import to learn striplings issues about STDs and SRH in general and seek their positions on the issue.

Another audience will besides be held with pupils ' representatives, community and spiritual young person leaders to edify me and other sexual wellness experts on the sexual wellness demands, cognition and behavior of striplings in the state. This is important to the programme as surveies have shown that most SRH instruction programmes are affected by disused and hapless information (Slap et al 2003) .

The programme will affect striplings in and out of school. For those in schools, the current course of study would be maintained but subjects taught will be the same for both those in junior and senior categories to forestall the juniors seeking information from the senior category which they might non cognize and mislead them.

Specialized instructors and SRH professionals will make the instruction to cut down the sum of embarrassment, trusting to construct the assurance of instructors and pupils with clip, so that they can hold more unfastened treatment about SRH issues.

In add-on to what equal pedagogues are already making, they will besides be involved in given negotiations making seminars and runs as this is proven to be effectual (Okonofua et al 2003) .

For striplings out of school, community and spiritual young person leaders will be given the same preparation as those in schools to take the function of equal pedagogues. Seminars will be organise in churches, mosque and young person assemblages within communities where equal pedagogues will be joined by specialized instructors and SRH professional to give negotiations on SRH issues to the young person.

Social selling will be used largely to make out to those out of school. Ads on wireless and telecasting will be done in common local linguistic communications for those who are illiterate. Studies will be done to place catchment countries for striplings where function dramas and picture shows will be organised on SRH issues for them.

In add-on to these, in service seminars will be organised for wellness workers in SRH clinics. In these seminars accent will be on schemes aimed at de-stigmatising cultural perceptual experiences about STDs. This is important as surveies carried out in Kenya and Zambia suggests that nurse accoucheuses

working in sexual wellness clinics did not like going to adolescent with STDs because they see them as promiscuous (Warenius et al 2006) .

Hospitals will besides be encouraged to put a twenty-four hours or half twenty-four hours for assignments for striplings and besides do information cusps on SRH available at clinics for patients to pick and read more on SRH issues.

In audience with young person leaders and SRH experts, young person Centres will be set up with clinical countries. This is to guarantee that locations of Centres are convenient for striplings. Services will include guidance, prophylactic services, STDs and relationships. The clinical country will supplydiagnosticservices such as research lab and scan services and clinics will be organised twice a hebdomad for those who need medical services to be seen by wellness professionals. To do these Centres youth-friendly, both striplings and SRH professional will run the Centres.

Finally, traditional therapists will be educated on SRH issues and encouraged to mention patients to wellness professionals for a item. Parents will besides be encouraged to discourse SRH issues with their kids to assist bridge the spread of striplings seeking information from their equals.

Evaluation

Evaluation of the programme will be ongoing at each stage of the programme to set and better on loopholes. Final rating will be carried out a twelvemonth after implementing the programme. To acquire a brooding image of the impact of the programme, random sampling of in and out of

school striplings will be done to avoid choosing merely those exposed to the programme. Questionnaires will be used and inquiries will be asked on ; where striplings get information on SRH, barriers they face accessing SRH attention, handiness of young person Centres and service provided.

Indictors will be ;

10 % decrease in the Numberss of reported STDs instances among striplings.

Continuous usage of societal selling schemes in the programme.

SRH instruction being examinable in schools.

20 % addition in striplings accessing SRH services.

Result of the rating will be used to better on loopholes in the programme to accomplish the coveted result.

Decision

The SRH demands of striplings should non be over looked, as complications from these wellness issues can be significant for both persons and the authorities (WHO, 2003) .

Adolescents in Nigeria are said to miss equal cognition about SRH issues, but perceptual experience of people about STDs and hapless wellness installations have all contributed to the high incidence of STDs among striplings. There is the demand for a countrywide arguments on how SRH information should be disseminated to striplings and besides diffuse the negative perceptual experiences about STDs and other SRH issues.

Existing SRH installations for striplings should be improved upon both in footings of substructure and forces. The authorities should besides make the atmosphere for private sector engagement in presenting SRH plans so people can do picks. It should nevertheless, be emphasised that the success or otherwise of any intercession will besides depend on the willingness of people to accept it.