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SEXUALLY TRANSMITTED INFECTIONS AWARENESS AND PREVENTIVE BEHAVIOR AMONG FEMALE STUDENTS IN RIVERS WEST SENATORIAL DISTRICT, NIGERIA

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Abstract: This study investigated the preventive behaviour towards sexually transmitted infections among female secondary school students in Rivers West Senatorial District, Rivers State. The descriptive research design was adopted. The population for the study consisted of sixteen thousand, six hundred and ninety-nine female senior secondary school students in Rivers West Senatorial District. A simple random sampling technique was adopted to select a sample size of 860. Data was collected using a structured questionnaire titled Preventive Behaviour towards STI Questionnaire (PBSQ) with a reliability index of 0.84. The data analysis was done with the aid of the Statistical Product for Service Solution (SPSS) version 23.0 using mean, standard deviation, T-test, and ANOVA at 0.05 level of significance. The result showed that preventive behaviour towards sexually transmitted infections was poor (2.31 ± 0.71). The result of this study revealed that poor preventive behaviour towards sexually transmitted infections was found more among those who were aged: 15-19 years (2.40 ± 0.66), followed by those aged 20-24 years (2.20 ± 0.68). The result also revealed that poor preventive behaviour towards sexually transmitted infections was found more among those in the urban areas (2.32 ± 0.71), and among those in SSS (2.33 ± 0.69), than those in JSS (2.29 ± 0.70). Based on the findings of the study, it was concluded that, female students in public secondary school in Rivers West Senatorial District had poor preventive behaviour towards sexually transmitted infections. It was recommended among others that government should establish functional youth-friendly Centres in all public secondary school vicinities where students can access sexual/reproductive health information without fear of prejudice.

Keywords: Behaviour, Infection, Prevention, Students, Rivers West.

Introduction

According to WHO (2019), more than 1 million STIs are acquired every day and it was estimated that there were over 376 million new infections, made up of Chlamydia (127 million), Gonorrhoea (87 million), Syphilis (6.3

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million), and Trichomoniasis (156 million). More than 500 million people live with Genital HSV (Herpes) infection, and an estimated 300 million females have an HPV infection which is the primary cause of cervical cancer. The prevalence of STIs in subSaharan African has also been reported. The African continent accounts for about 20% to 30% of the world-wide STI burden (Morhason-Bello & Fagbamigbe, 2020). The World Health Organization (WHO) showed that, African region remains most severely affected, with nearly 1 in every 25 adults (4.1%) living with HIV and accounting for nearly two-thirds of the people living with HIV worldwide (WHO, 2020). The young females are specifically at risk, with about 6,200 new infections occurring each week among young people aged between 15-24 years of age. Four out of every five new infections are amongst females aged 15–19 years old in this region. Young women aged 15–24 years are twice more likely to be living with STI/HIV than their male counterparts (UNAIDS, 2019). In Nigeria, the Bridge Clinic (2019) noted that, the common STIs found in Nigeria are Chlamydia, Gonorrhea, and Syphilis. They usually present with the symptoms such as Painful Urination, Itching, burning, Inflamed genitals, and Genital discharge. These all-present health burden to the sufferers. However, STIs are usually preventable through safe sexual practices, including the correct and consistent use of condoms and heeding to sexual health education (Peterson et al., 2019).

The term STIs describes infections caused by more than 30 different bacteria, viruses, and parasites transmitted through sexual intercourse. These infections' common feature is their mode of transmission and not their cause, origin, clinical features, or consequences (World Health Organization, 2021). The most common STIs are bacterial infections: Chlamydia, Syphilis, Gonorrhea, and viral infections: Human papillomavirus (HPV), HIV, and Hepatitis B. The infection can be spread through oral, vaginal, anal sex, or contact with blood during sexual activity. Although uncommon, transmission can also occur through direct contact with affected body parts, tissue, or body fluids of infected persons.

The disease burden resulting from unsafe sex, which includes HIV infection and other Sexually Transmitted Infections (STIs), has profoundly impacted the low-income and middle-income regions, especially Sub-Saharan Africa (Lafort et al., 2016). In the words of Oluwole et al. (2020), the adolescents and youths are particularly vulnerable to STIs for various reasons, including early sexual debut, negative peer pressure influence, the need to explore, and the desire to feel independent. Gupta and Mahajan (2015) stated that, the increase in STIs in the youths compared to decades ago is due to a change in sexual behavior and the increased use of oral contraceptives with a corresponding decrease in the use of the condom, which has a protective role. Majority of the sufferers are adolescents and youths but the focus on females is due to the structure of their genitalia which makes them more susceptible to such infections than their male counterparts. According to the Center for Disease Control and Prevention (2020), STIs are mainly transmitted from one person to another through intimate contact. In the same vein, the World Health Organization (2021) posited that STIs are contracted through having sexual intercourse or intimate contact with an infected person.

The prevention of sexually transmitted infections is a key strategy to avert the enormous effects of STI among females. The Bridge Clinic (2019) outlined some preventive measures such as abstinence; delay in sexual debut; if sexually active, know your sexual history and that of your partner; get tested every three months; keep one sexual partner at a time because the more partners one has, the higher the risk of contracting an STI or/and HIV; always be safe, practice safer sex; use of latex condoms to reduce the chance of getting infected; getting immunized against certain infections, such as Hepatitis B or HPV. The key populations in all HIV/STI epidemic

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settings, as enumerated by Avert (2018), are sex workers, people who inject drugs, men who have sex with men, clients of sex workers, orphans, adolescents and young people.

The location of the students can also play a role because the exposure of rural and urban children are not the same. The rural children may not have access to certain basic resources like internet, this may make them be disadvantaged. On the other hand, those who are in higher classes may also be more exposed also, due to their age. As young people become sexually active, they become more vulnerable to STIs. Incidence, therefore, rapidly increases in this age group (Yves, 2017). According to a study conducted by Abdullahi and Umar (2015), there is a proportion of hypersexuality among students linked to high-risk sexual practices. The study also showed that the sexual debut is becoming reduced as an increasing number of teenagers are sexually active. Besides, their laissez-faire attitude to sexual and reproductive health has made them vulnerable to STI. In the same vein, Ugwu et al. (2015) showed that, young people had insufficient preventive measures against STI. The majority of the participants who had a low-risk perception of their vulnerability to the infection practiced high risky sexual behaviours such as lack or inconsistent use of the condom, having multiple sexual partners, and not abstaining from sex.

Difficulty in preventing sexually transmitted infections is one of the challenges faced by adolescents across the world, despite that STIs (including HIV/AIDS), is one of the key reproductive health problems of adolescents identified (Mehta & Seeley, 2020). In a bit to alleviate this problem, the World Health Organization Despite (2021) promoted 'Adolescent Friendly Health Services' to make it easier for them to access the required services that could help them prevent sexually transmitted infections, yet, many adolescents who need sexual and reproductive health services, such as appropriate information, contraception and treatment for sexually transmitted infections, either did not find them available or were provided in a way that makes adolescents feel unwelcome and embarrassed (WHO, 2021), thereby, making them not to adequately prevent sexually transmitted infections.

Risky sexual behaviour that predisposes adolescents and young people to sexually transmitted infections are fast growing and have become a public health concern, especially among female secondary school students. Considering the vulnerability of female secondary school students to such infections due to the structure of their sexual organs and exposure in the school environment, its prevention must be taken with utmost seriously, but, inattentiveness to such preventive measures is observed among them. Following the risky sexual activities among young people, many may suffer the consequences of sexually transmitted infections such as Syphilis, Gonorrhoea, Chlamydia, Trichomoniasis including the four viral infections which are also sexually transmitted which are: Hepatitis B, Herpes Simplex Virus (HSV or Herpes), HIV, and Human Papillomavirus (HPV). Thus, to achieve behavioural change with respect to the prevention of STIs among female secondary school students, attitude must be changed. Although many behavioural research studies and public enlightenment campaigns on STIs have been undertaken by both government and non-governmental Organizations in the general public, there is a paucity of study on the prevention of STIs among students in Rivers West Senatorial District. In addition, the number of female students presented with sexually transmitted infection in the healthcare facility is increasing hence, the need to highlight their preventive behaviour. In light of the above, this study was focused on the attitude and preventive behaviour towards sexually transmitted infections among female students in public secondary schools in Rivers West Senatorial District, Rivers State. The following research questions were answered:

1. What is the preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District?
2. What is the preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on age?
3. What is the preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the location (urban or rural)?

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4. What is the preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on class of study?

The following null hypotheses were stated to guide the study and were tested at 0.05 level of significance:

1. There is no significant difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on age.
2. There is no significant difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the location (urban or rural).
3. There is no significant difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on class of study.

Methodology

The research design adopted for this study was a descriptive research design. The population for the study consisted of sixteen thousand, six hundred and ninety-nine (16,699) female senior secondary school students in Rivers West Senatorial District. The sample size for the study was 860 (430 urban and 430 rural). A simple sampling technique was adopted to select the sample for the study.

The instrument for data collection in this study was a structured questionnaire titled, “Attitude and Preventive Behaviour towards STI Questionnaire (APBSQ)”, with a reliability coefficient of 0.84. The instrument consisted of three sections, A, B, and C. Section A addressed the sociodemographic characteristics of the respondents. It consisted of four items on a multiple response format which include; age, class of study, location and marital status, while section B, and C were designed to elicit responses respectively on attitude and behaviour towards the prevention of sexually transmitted infections on a modified four-point Likert scale of “strongly agree, agree, disagree and strongly disagree”. The data collection instrument was administered to the respondents by a face-to-face delivery of the questionnaire to them. The data collected were coded for analysis, though some were lost at the point of retrieval, the few retrieved were extrapolated to make up the sample. The data analysis was done with the aid of the Statistical Product for Service Solution (SPSS) version 23.0, using mean, standard deviation, t-test and One-Way Analysis of Variance (ANOVA) at 0.05 level of significance and 95% confidence interval.

Results

The results of the study are shown below:

Table 1: Mean and standard deviation showing preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West (N = 810)

SN	Items	X		S.D.	Decision
1	Faithful to one regular sexual partner	2.20	0.77	Poor	
2	Usually, do a genital inspection on my sexual partner	1.64	0.76	Poor	
3	Use a condom each time I have sex	1.80	0.77	Poor	
4	Do not share unsterilized sharp objects	2.08	0.93	Poor	
5	Will not advise the use of unscreened blood for transfusion	2.20	0.93	Poor	
6	Practice abstinence	2.20	0.77	Poor	
	Get screened for HIV once in 3-6 months		2.26	0.68	Poor
8	Sought medical advice when diagnosed with STI	2.62	0.60	Good	
9	Talked to health practitioners regarding my sexual health	2.42	0.68	Poor	
10	Will not kiss if my partner or I have a sore in the Mouth	2.22	0.78	Poor	
11	Avoid risky sex if diagnosed with STI	2.66	0.59	Good	
12	Take PEP if exposed to HIV	2.55	0.65	Good	

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13 Would maintain drug regimen if diagnosed with HIV to 2.91 0.35 Good

avoid infecting partner or re-infecting self

14 Inform partner if diagnosed with HIV/STI 2.66 0.63 Good
Grand mean 2.31 0.71 Poor

Decision: Based on the criterion mean of 2.50; <2.50 = poor preventive behaviour; while ≥ 2.50 = good preventive behaviour

Table 1 revealed the mean and standard deviation on the preventive behaviour towards sexually transmitted infections among female students in public secondary school. The result showed that the grand mean = 2.31 ± 0.71 was less than the criterion means of 2.50 indicating a poor preventive behaviour. Thus, the preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District was poor. However, good preventive behaviour was found in avoiding risky sex if diagnosed with STI (2.66 ± 0.59), and seeking medical advice when diagnosed with STI (2.62 ± 0.60).

Table 2: Mean and standard deviation showing age and preventive behaviour towards sexually transmitted infections among female students in public secondary schools

SN	Items	10-14yrs (N = 216)		15-19yrs (N = 450)		20-24yrs (N = 144)	
		X	S.D.	X	S.D.	X	S.D.
1	Faithful to one regular sexual partner	1.66	0.74	2.28	0.72	2.75	0.43
2	Usually, do a genital inspection on my sexual partner	1.08	0.27	1.92	0.74	1.62	0.85
3	Use a condom each time I have sex	1.25	0.59	2.04	0.72	1.87	0.78
4	Do not share unsterilized sharp objects	1.66	0.94	2.36	0.84	1.87	0.93
5	Will not advise the use of unscreened blood for transfusion	2.08	0.95	2.48	0.80	1.50	0.86
6	Practice abstinence	2.41	0.76	2.08	0.74	2.25	0.83
	Get screened for HIV once in 3-6 months	2.16	0.68	2.24	0.65	2.50	0.70
8	Sought medical advice when diagnosed with STI	2.33	0.74	2.72	0.53	2.75	0.43
9	Talked to health practitioners regarding my sexual health	2.33	0.74	2.52	0.57	2.25	0.83
10	Will not kiss if my partner or I have a sore in the Mouth	2.25	0.83	2.24	0.81	2.12	0.60
11	Avoid risky sex if diagnosed with STI	2.75	0.43	2.64	0.62	2.62	0.69
12	Take PEP if exposed to HIV	2.58	0.64	2.68	0.46	2.12	0.93
13	Would maintain drug regimen if diagnosed with HIV to avoid infecting partner or re-infecting self	3.00	0.00	2.84	0.46	2.00	0.00
14	Inform partner if diagnosed with HIV/STI	2.91	0.27	2.56	0.69	2.62	0.69
Grand mean		2.17	0.61	2.40	0.66	2.20	0.68

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Decision: Based on the criterion mean of 2.50; <2.50 = poor preventive behaviour; while ≥2.50 = good preventive behaviour

Table 2 presents the mean and standard deviation showing age and preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West. The result showed that based on the grand mean, all age category had poor preventive behaviour towards sexually transmitted infections. However, poor preventive behaviour towards sexually transmitted infections was found more among those who were aged: those aged 10-14 years (2.17±0.61), followed by those aged 20-24 years (2.20±0.68), and 15-19 years (2.40±0.66). Thus, based on age, poor preventive behaviour towards sexually transmitted infections was found more among the younger ones.

Table 3: Mean and standard deviation showing location and preventive behaviour towards sexually transmitted infections among female students in public secondary schools

SN	Items	Rural (N = 4.04)		Urban (N = 406)	
		X	S.D.	X	S.D.
1	Faithful to one regular sexual partner	2.16	0.84	2.23	0.70
2	Usually, do a genital inspection on my sexual partner	1.63	0.84	1.65	0.68
3	Use a condom each time I have sex	1.68	0.80	1.91	0.73
4	Do not share unsterilized sharp objects	1.94	0.99	2.23	0.86
5	Will not advise the use of unscreened blood for transfusion	2.22	0.94	2.17	0.92
6	Practice abstinence	2.20	0.75	2.19	0.79
	Get screened for HIV once in 3-6 months	2.16	0.72	2.36	0.61
8	Sought medical advice when diagnosed with STI	2.60	0.71	2.64	0.48
9	Talked to health practitioners regarding my sexual health	2.48	0.73	2.35	0.62
10	Will not kiss if my partner or I have a sore in the Mouth	2.23		0.82	2.29 0.74
11	Avoid risky sex if diagnosed with STI	2.78	0.44	2.55	0.69
12	Take PEP if exposed to HIV	2.63	0.59	2.48	0.69
13	Would maintain drug regimen if diagnosed with HIV to avoid infecting partner or re-infecting self	2.94		0.26	2.88 0.42
14	Inform partner if diagnosed with HIV/STI	2.73	0.56	2.60	0.69
Grand mean		2.31	0.71	2.32	0.68

Decision: Based on the criterion mean of 2.50; <2.50 = poor preventive behaviour; while ≥2.50 = good preventive behaviour

Table 3 presents the mean and standard deviation showing location and preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West. The result showed that based on the grand mean, those in both rural and urban areas had poor preventive behaviour towards sexually

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transmitted infections. However, poor preventive behaviour towards sexually transmitted infections was found more among those in the rural areas (2.31 ± 0.71) than those in the urban areas (2.32 ± 0.71). Thus based on location, poor preventive behaviour towards sexually transmitted infections was found more among those in the urban areas.

Table 4: Mean and standard deviation showing class of study and preventive behaviour towards sexually transmitted infections among female students in public secondary schools

SN	Items	JSS 1-3 (N = 399)		SSS 1-3 (N = 411)	
		X	S.D.	X	S.D.
1	Faithful to one regular sexual partner	2.15	0.82	2.24	0.72
2	Usually, do a genital inspection on my sexual partner	1.57	0.76	1.71	0.76
3	Use a condom each time I have sex	1.73	0.79	1.86	0.75
4	Do not share unsterilized sharp objects	2.01	0.95	2.15	0.92
5	Will not advise the use of unscreened blood for transfusion	2.24	0.94	2.15	0.92
6	Practice abstinence	2.23	0.77	2.17	0.77
	Get screened for HIV once in 3-6 months	2.17	0.71	2.36	0.62
8	Sought medical advice when diagnosed with STI	2.62	0.60	2.62	0.60
9	Talked to health practitioners regarding my sexual health	2.34	0.72	2.49	0.63
10	Will not kiss if my partner or I have a sore in the Mouth	2.11	0.83	2.32	0.71
11	Avoid risky sex if diagnosed with STI	2.69	0.55	2.63	0.63
12	Take PEP if exposed to HIV	2.55	0.63	2.55	0.66
13	Would maintain drug regimen if diagnosed with HIV to avoid infecting partner or re-infecting self	2.91	0.31	2.91	0.39
14	Inform partner if diagnosed with HIV/STI	2.75	0.52	2.57	0.70
	Grand mean	2.29	0.70	2.33	0.69

Decision: Based on the criterion mean of 2.50; <2.50 = poor preventive behaviour; while ≥ 2.50 = good preventive behaviour

Table 4 presents the mean and standard deviation showing class of study and preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West. The result showed that based on the grand mean, those in both JSS and SSS had poor preventive behaviour towards sexually transmitted infections. However, poor preventive behaviour towards sexually transmitted infections was found more among those in JSS (2.29 ± 0.70) than those in SSS (2.33 ± 0.69). Thus, based on class of study, poor preventive behaviour towards sexually transmitted infections was found more among those in the junior secondary students.

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Table 5: Analysis of Variance (ANOVA) showing significant difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on age

Sources of variance	Sum of squares	df	Mean squares	F-value	p-value	Decision
Between group	1.67	2	0.83	1.35	0.25*	H ₀ Not Rejected
Within group	498.33	807	0.61			
Total	500.00	809				

*Not Significant. $p > 0.05$

Table 5 shows the One-Way ANOVA of difference in preventive behaviour towards sexually transmitted infections based on age of female students. The findings of this study shows that there was no significant difference in preventive behaviour towards sexually transmitted infections among female students based on age [$F(2, 807) = 1.35$; $p > 0.05$]. Therefore, the null hypothesis which states that there is no significant difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the age was not rejected.

Table 6: t-test result showing difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the location

Group	N	Mean	SD	df	t-cal	p-value	Decision
Rural	404	2.53	0.82	808	0.46	0.00*	H ₀ Rejected
Urban	406	2.20	0.74				

*Significant; $p < 0.05$

Table 6 showed the t-test summary of the significant difference in preventive behaviour towards sexually transmitted infections based on location of female students. The result of the study showed that there was a significant difference in preventive behaviour towards sexually transmitted infections based on location ($t\text{-cal} = 0.46$, $df = 808$, $p < 0.05$). Therefore, the null hypothesis which stated that there is no significant difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the location was rejected.

Table 7: t-test result showing difference in preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the class of study

Group	N	Mean	SD	df	t-cal	p-value	Decision
JSS 1-3	399	2.11	0.83	808	3.84	0.00*	H ₀ Rejected
SSS 1-3	411	2.32	0.71				

*Significant; $p < 0.05$

Table 7 showed the t-test summary of the significant difference in preventive behaviour towards sexually transmitted infections based on class of study. The result of the study showed that there was a significant difference in preventive behaviour towards sexually transmitted infections based on class of study ($t\text{-cal} = 3.84$, $df = 808$, $p < 0.05$). Therefore, the null hypothesis which stated that there is no significant difference in preventive

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behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District based on the class of study was rejected.

Discussion of findings

The result showed that the preventive behaviour towards sexually transmitted infections among female students in public secondary school in Rivers West Senatorial District was good (2.31 ± 0.71). This finding is expected thus not surprising because it is possible that the positive attitude which they expressed towards sexually transmitted infections was translated to action, which is evidenced in their behaviour. This study's finding is in line with that of Samkange-Zeeb et al. (2015), whose study on awareness and knowledge of sexually transmitted diseases among school-going adolescents in Europe showed a good preventive behaviour towards sexually transmitted infections among the students. The similarity in the study design might be implicated for the similarities found between the two studies. On the other hand, the result of the present study differs from that of Subbarao and Akhilesh (2017) whose study on sexually transmitted infections other than HIV among college students in India revealed respondents' poor preventive behaviour towards HIV/STIs. This finding was at variance with Oluwole et al. (2020), whose result showed poor practices towards the prevention of HIV/STIs. This variation between the present study and that of Oluwole and colleagues could be explained by the difference in the sample size used. The present study used a larger sample size which is more than twice of the study under consideration.

The result of this study revealed that good preventive behaviour towards sexually transmitted infections was found more among older females, those who were aged: 15-19 years (2.40 ± 0.66), followed by those aged 20-24 years (2.20 ± 0.68), and those aged 10-14 years (2.52 ± 0.84). This finding might be explained by the fact that the younger ones who see themselves to be immature and may be afraid of engaging in sexual activities often. This study's finding is in line with that of Ugwu et al. (2015) whose study on preventive lifestyle against hiv/aids among students of a tertiary educational institution in South Eastern Nigeria showed variations in respondents' attitude towards HIV infection with a mean age of 23.6 ± 2 years. The population's similarity in terms of being students in both studies might be implicated for this similarity found between the two studies. The findings of this study is also in agreement with that of Adera et al. (2015), whose study among students in Ethiopia showed expression of negative attitude towards HIV/STIs, with a majority of them being in the age group of 15-19 years. The finding of this study is also in line with that of Adera et al. (2015) whose study on the attitude and practice of students towards sexual transmitted infection in Haile Mariam Mamo preparatory school Debre Birhan, Ethiopia showed positive attitude among the younger students. The similarity found between the previous studies and the present one might be due to the homogeneity of the study respondents. The finding of this study is in keeping with that of Anwar et al. (2015), whose study in Malaysia showed that practice towards the prevention of HIV/STIs such as sexual behaviour was statistically significant based on age ($p < 0.05$). This similarity might be due to the similarity in the study population's characteristics in both studies as they were both focused on students. This study's finding is also in consonance with that of Xu et al. (2019) whose study on sexual attitudes, sexual behaviors, and use of HIV prevention services among male undergraduate students in Hunan, China showed the practice of HIV/STIs prevention to be statistically significant based on age. The similarity found between these two studies might be since the study populations had similar characteristics as both studies were conducted among university undergraduate students and the sample sizes used in both studies were in a very close range

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The result of this study revealed that good preventive behaviour towards sexually transmitted infections was found more among those in the urban areas (2.32 ± 0.71), than those in the rural areas (2.31 ± 0.71). This finding is not surprising because the features in urban areas places the students in such areas a better privilege of accessing and adopting healthy lives, hence their good preventive behaviour towards sexually transmitted infections. The finding of this study is in line with that of Sharma and Sherkhane (2017) whose study on attitude about sexually transmitted infections among women in reproductive age group residing in the urban showed good preventive behaviour towards sexually transmitted infections. The findings of this study is also in line with that of Osanyin et al. (2020) whose study on attitude and preventive practices of sexually transmitted infections among unmarried youth in an urban community in Lagos State, Nigeria showed good preventive behaviour towards sexually transmitted infections. The similarity found between the previous studies and the present one might be due to the homogeneity of the study respondents.

The finding of the study showed that good preventive behaviour towards sexually transmitted infections was found more among those in SSS (2.33 ± 0.69), than those in JSS (2.29 ± 0.70). The finding of this study is in keeping with that of Anwar et al. (2015), whose study on sexually transmitted infections (STIs) and students' sexual behavior conducted in Pulau Pinang, Malaysia showed that practice towards the prevention of HIV/STIs such as sexual behaviour was statistically significant based on educational level ($p < 0.05$). This similarity found might be due to the similarity in the study population's characteristics in both studies as they were both focused on students. This study's finding is also in consonance with that of Xu et al. (2019) whose study on sexual attitudes, sexual behaviors, and use of HIV prevention services among male undergraduate students in Hunan, China which showed the practice of preventive measures towards HIV/STIs to be statistically significant based on the level of study. The similarity found between the two studies might be because the study populations had similar characteristics as both studies were conducted among students and the sample sizes used in both studies were in a very close range.

Conclusion

Based on the findings of the study, it was concluded that, female students in public secondary school in Rivers West Senatorial District had poor preventive behaviour towards sexually transmitted infections.

Recommendations

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

1. The secondary school students should play their role in ensuring good preventive behaviour towards sexually transmitted infections by inhibiting casual sex through the avoidance of premarital sexual activities.
2. The government should establish functional youth-friendly Centres in all public secondary school vicinities where students of all age bracket can access sexual/reproductive health information without fear of prejudice, this will enhance the preventive behaviour of both young and older students.
3. The school management both those in rural and urban areas, should collaborate adequately with the school prefects, to fish out underage children who engage in unhealthy sexual activities, this will help to curb poor preventive behaviour in both rural and urban areas.
4. The students in both JSS and SSS should also, on their own, make deliberate effort to ensure their safety by avoiding any unhealthy sexual practice that can predispose them to the contraction of sexually transmitted infections.

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