

## THE SCOURGE OF STDs AMONG YOUNG ADULTS IN ABUJA: IMPLICATIONS FOR HUMAN RESOURCE AND SUSTAINABLE DEVELOPMENT IN NIGERIA

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### ABSTRACT

*A substantial body of research has investigated the disastrous impact of HIV/AIDS on human development of countries across the world. Unfortunately, little or no attempt has been made to examine the knowledge and attitude of young adults towards STDs and its preventive methods. However, evidence from research shows that this epidemic has the potential to create socio-economic impacts and could become a potential cause of mortality. Globally, one in every 20 young people is affected by STDs and majority of people affected especially in Africa are young adults. This trend is a threat to human resource and sustainable development in Nigeria. This study therefore determined the knowledge of STDs and its preventive methods, using young adults in University of Abuja as case study. 250 respondents were selected, using multi stage sampling and data collected with the aid of structured questionnaires. The result showed that religious affiliation and family background indicate significant relationship with the knowledge of STDs. The result also revealed that majority of the young adults claimed to be aware of STDs, although majority are confused about its preventive methods. The implications of this for human resources and sustainable development were also drawn. The study concludes that to secure a prosperous human resource future in a globalising world and to enhance sustainable development, there is need to intensify the STDs awareness campaign especially among young adults, with the objective of stemming the spread.*

### INTRODUCTION

It is an undisputable fact that AIDS is one of the deadliest epidemics in human history. Since 1981 when it was first identified among homosexual men and intravenous drug users in New York and California, AIDS has developed into a global epidemic, affecting virtually every nation. This human viral disease that ravages the immune system has the potential of creating socio-economic impacts and could be a potential cause of mortality in the absence cure. According to a joint report issued by UNAIDS and WHO in 2005, more than 25 million people has died as a result of AIDS between 1981 and November 2005. The number of people living with HIV infection or AIDS increased from an estimated 37.5 million in 2003 to 40.3 million in 2005. About 3.1 million people died in 2005 alone. It was also reported that about 5 million new cases of HIV infection were reported worldwide in 2005. AIDS has struck sub-Saharan Africa particularly hard. Of the estimated 33.3 million people globally living with HIV, 22.5 million are living in Sub-Saharan Africa. In other words, Sub-Saharan Africa harbours two-and-half times more of the infected than the rest of the world.

In sub-Saharan Africa, where the majority of new HIV infections continue to occur, an estimated 1.8 million people became infected in 2009; considerably lower than the estimated 2.2 million people in sub-Saharan Africa newly infected with HIV in 2001. This trend reflects a combination of factors, including the impact of HIV prevention efforts and the natural course of HIV epidemics. Unfortunately, out of the estimated 15 million people living with HIV in low- and middle-income countries that need treatment today, only 5.2 million have access. Just as Sub-Saharan Africa could be singled out as the most affected by the HIV/AIDS epidemic in the world, so is Nigeria which ranks second after South Africa in the number of infected adults on the continent of Africa.

In Nigeria, the exact number of people who are infected with HIV/ AIDS is not known but it has been estimated that the national Human Immunodeficiency Virus (HIV) prevalence in 2003 was 5% (Federal Ministry of Health, 2004). However, UNICEF (2011) estimated that more than 3 million people are living with HIV in Nigeria and one in every 20 young people is affected.

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As a matter of fact, the prevalence rate in Nigeria varies across regions. However, in 2009, the national prevalence rate was put at 3.6 by UNICEF, with most cases being among young people (15-24 years). In most affected countries, it has been reported that the spread and transmission of the virus is faster among young people below the age of 24. As a matter of fact, this epidemic has the potential of declining productivity in agriculture, industry and economy and this is due to the fact that the familial units are weakened and/or completely decimated due to HIV/AIDS (Bech, 1998; Akande, 2002). To enhance human resources and productivity in Nigeria, it has become necessary to stop the spread of HIV/AIDS, more so because the disease is incurable and the management of its infection is very expensive. To buttress this point, recent study by UNAIDS (2011) shows that globally only 5 million people have access to treatment of HIV. This figure represents only 35% or two thirds of the people who need HIV treatment. To tackle this problem of HIV/AIDS in Nigeria, the former President Olusegun Obasanjo's administration adopted and implemented a proactive HIV/AIDS control policy after years of inaction by its predecessors and the efforts of the administration seems to have been paying off because there is now a heightened level of awareness on the aetiology and consequences of the disease in the population (Erinosho and Tenuche, 2008). However, available reports indicate that young people still lack knowledge and, importantly, often lack the tools they need to practice HIV risk-reduction strategies. Many people still lack ready access to condoms and lubrication, and people who inject drugs also lack sufficient access to sterile needles (UNAIDS 2011). Young adults, who are the hope of tomorrow, have been identified as those at the highest risk of contracting the pandemic.

Though efforts of stakeholders in curbing the spread of the disease is commendable, yet its incidence is still on the increase in Nigeria (UNAIDS, 2004). It is therefore necessary to ascertain the knowledge and attitudes of young adults towards STDS, including HIV/AIDS and its preventive methods. There is no doubt that the outcomes of this study will provide the justification for assisting as many of the country's institutions of higher learning as possible that had not establish the structure and process for checking the spread of STDS, particularly HIV/AIDS in their campuses.

### METHODOLOGY

This study was carried out in Abuja. Abuja is the Federal Capital Territory (FCT) of Nigeria. Abuja lies within latitude  $9^{\circ} 17''\text{N}$  and longitude  $7^{\circ} 37''\text{E}$ . It has a land area of 8,000 square kilometres (MFCT, 2003). Abuja, the Federal Capital Territory of Nigeria was created in 1976 by the Federal Military Government of Nigeria under General Muritala Mohammed through decree No. 6 of 1976 (FCTA, 2007). It is located in the geographical centre of Nigeria. It is bounded to the North by Kaduna State, the West by Niger State, the East and South East by Nasarawa State and South West by Kogi State.

Administratively, FCT is divided into six (6) Area Councils, namely; Abaji, Abuja Municipal, Bwari, Gwagwalada, Kuje and Kwali. Abuja, is a multi - cultural society made up of people of diverse profession and social economic status, and with a population of at about 1, 406,239 residents (NPC, 2006).

The major ethnic group and tribe in FCT is the Gbagyi. Other groups are the Bassas, Gades, Gwandaras, Koros and the Ganaganas. All these ethnic groups have strong linguistic affiliations with the Kwa language group that dominate the present day middle-belt region of Northern Nigeria. The major occupation of the original inhabitants of the city - the Gbagyi's is farming. However as the capital of Nigeria, Abuja has turned to a cosmopolitan city with people from other ethnic groups in Nigeria such as the Igbos, Yorubas and Hausas and foreign nationals who are engaged in commercial and administrative services. The population for the study consists of students from University of Abuja. The institution was clustered into eight faculties and a total of 250 respondents were selected. It was assumed that the eight clusters will provide representative features of HIV/AIDS knowledge and preventive attitudes among young adults. Respondent's attitude towards the preventive methods of STDS was tested on a five points likert scale. Factors that influence the prevalence of STDS among young adults were tested on five points likert scale as well. Data were collected using structured questionnaires and analysed with descriptive statistical tools such as frequency and percentages.

**RESULTS AND DISCUSSION****Personal characteristics of respondents**

Table 1 below shows the distribution of respondents by their personal characteristics. Results revealed that 54.8 percent (137 respondents) of the total number of respondents were female, while male were 113, which represented 45.2%. This means that majority of the respondents were female. Also, the table indicates that those respondents that fall within the age bracket of 15-17 years were 55, represented by 22%, and those between 18-20 were 58 indicating 23.2% of the of the respondents, those between 21-23 were 64 in number, representing 25.6 %, while those between 24 -30 were 73, represented by 29%. The marital status of the respondents from the table revealed that 60.8% (152 respondents) were single, while 70 (28%) were married. Also, about 48% (120) of the respondents were Muslim, while 102 (40.8%) were Christians. These characteristics give a fair representation of the respondents as the data included sexually active group. A relatively high percentage (60.8%) was single for various reasons. This makes the study particularly relevant as safe sex habits are fundamental to a healthy living and for the fact that a healthy nation is a wealthy nation.

**TABLE 1: PERSONAL CHARACTERISTICS OF RESPONDENTS (n=250)**

Parameter	Frequency	% Distribution
<b>Sex</b>		
Male	113	45.2
Female	137	54.8
Total	250	100
<b>Age</b>		
15-17	55	22
18-20	58	23.2
21-23	64	25.6
24-30	73	29.2
Total	250	100
<b>Religion</b>		
Christianity	102	40.8
Islam	120	48
Traditional	28	11.2
Total	250	100
<b>Marital status</b>		
Single	152	60.8
Married	70	28
Divorced/Separated	28	11.2
Total	250	100

Source: Field Survey, 2011

**KNOWLEGE OF STDs AND HIV/AIDS**

About 162 respondents representing 64.8% have heard about STDs or HIV/AIDS, while 35.2% or 88 respondents claimed they have not heard about STDs. Moreover, 98 respondents (39.2%) agreed that STDs is quite different from HIV, 152 (60.8%) respondents were of the opinion that STDs is not the same thing as HIV/AIDS. Also, 35.6 percent of the respondents claimed they know people who are infected with STDs, while 64.4 per cent do not know. This shows that more than half of the respondents do not know anybody infected with STDs or HIV/AIDS. In addition, 53.6 per cent of the respondents believed that STDs have symptoms and signs that enable people to know it, while 46.4 per cent of the respondents answered in the contrary. Majority of the respondents identified three major sources of information concerning STDs and HIV/AIDS, namely, the mass media,(radio, television and newspapers), and schools.

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**TABLE 2: AWARENESS OF THE FACTORS THAT AFFECT STDs PREVALENCE**

S/N	ITEMS	YES		NO		Undecided	
		F	%	F	%	F	%
1	Cultural paradigm	128	51.2	73	29.2	49	19.6
2	Poor health status	111	44.4	95	38	44	17.6
3	Inadequate knowledge about STDs	90	36	80	32	80	32
4	Poverty	80	32	76	30.4	94	37.6
5	lack of sex education	125	50	78	31.2	47	18.8
6	Influence of peer group	98	39.2	92	36.8	60	24
7	High risk behaviour such as drinking, smoking, promiscuity	105	42	98	39.2	47	18.8

Source: Field Survey, 2011

Table 2 above presents data on respondents' awareness of the factors that affect the spread of STDs or HIV/AIDS. The data gives an indication of the awareness of the factors that affect the spread the disease. About 51.2%, 44.4% and 36% of the respondents agreed that cultural factors, poor health status and inadequate knowledge affect the spread of STDs or HIV/AIDS. Also about 38% do not believe poor health condition can affect STDs, while 17.6% were undecided. In addition, about 32% both disagreed. Also, 32% believed that poverty affects the spread of STDs, while 30.4% do not. The remaining 37.6% were undecided. About 39.2% agreed that Peer group influence affects the spread of STDs, 36.8% think otherwise, while the remaining 24% do not know what to say. Finally from this table, 42% agreed that high behaviour such as smoking, drinking and promiscuity does affect the spread of STDs, 42% disagreed with the idea, while 18.8% belong to the undecided category.

### ATTITUDE OF RESPONDENTS TOWARDS PREVENTIVE MEASURES OF STDs AND HIV/AIDS

Table 3 shows that 54.4% of the respondents perceived as important the use of Condoms as preventive measures, while 65.6% agreed with abstinence and 62% will rather stay with a single partner so as not to contract the virus. About 60% believed that avoiding unsterilized objects will prevent infection, while 65%, 56.8% and 57.2% believed that it could be prevented by avoiding infected blood products, avoiding casual sex and through voluntary testing and counselling.

TABLE 3: ATTITUDE TOWARDS STDs AND HIV/AIDS PREVENTIVE MEASURES

Item	Agree (%)	Disagree (%)	Undecided (%)
Total (%)			
Condom Use	54.4	37.2	8.4
Abstinence	65.6	25.6	8.8
By having a single partner	62	34	4
Avoiding Unsterilized Objects	60	30	10
Avoid Infected Blood Products	65	25	10
Avoiding casual sex	56.8	31.2	12
Voluntary testing and counselling	57.2	25.2	17.6

Source: Field Survey, 2011

### RESULTS OF STATISTICAL ANALYSIS

The chi-square analysis revealed that religious affiliation and family background are significantly related to the level of awareness about the preventive methods of STDs. The result of analysis also showed that family background of respondents is significantly related with the attitude of young adults towards the preventive measures of STDs. This also means that, there is a strong positive relationship between family background and their attitude towards the preventive methods of STDs. Communication between parents and other adult family members to a large extent influences young people's choice and attitude towards preventive methods of STDs. Stronger family cohesion promotes positive decision making and open family communication stressing responsibility, education about STDs, sexuality, and contraception positively influence young people's decision on the use of contraceptives e.g condoms. Also, there is a significant relationship between religious affiliation and level of awareness about the preventive methods of STDs. It can therefore be concluded that religious affiliation has a major role to play in the awareness of young adults about the preventive methods of STDs.

### IMPLICATIONS FOR HUMAN RESOURCE AND SUSTAINABLE DEVELOPMENT IN NIGERIA

As a matter of fact sustainable development, as defined by the Brundland report (1987) refers to the "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (para.1). According to Osofsky (2003) and Ceyhun (2007), sustainable development is human centred as it relates to environment, economic and socio-political aspects of life. Therefore, the pursuit of health and human resource issues especially among young adults is an integral aspect of sustainable development. In most developing countries of sub-Sahara Africa, particularly in Nigeria, the detrimental effects of HIV/AIDS are mostly felt by young adults. In other words, young adults are among the vulnerable group that stand the risk of being infected with HIV/AIDS and other sexually transmitted diseases and for the fact that only a healthy population can effectively participate in productive activities. It has been argued that young adults are those at the highest risk of contracting HIV/AIDS, because they are more active and more likely to engage in casual and unprotected sex (UNDP, 2001). In sub-Sahara Africa, young women are more than 2.5 times more likely than men to be infected with HIV/AIDS. Besides the devastation caused by HIV/AIDS to individuals who suffer from it, the AIDS epidemic is creating a range of severe social consequences, including the rise in the number of orphaned children stemming from the deaths of HIV-infected parents (UNAIDS, 2005a).

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In fact statistics revealed that worldwide, the parents of an estimated fifteen million children have died as a result of STDs, including HIV/AIDS; twelve million of these are in sub-Saharan Africa alone (Giddens, Duneier, and Appelbaum, 2008). No doubt, death reduces available manpower and increases household poverty, especially if it is the breadwinner.

Young adults are the future of their communities and constitute a high percentage of the nation's workforce. With an increase in the risk of infection and subsequent death, the human resource sector and indeed, the entire nation is under threat of extinction (UNAIDS 2002). As mentioned earlier, HIV/AIDS has had a most devastating effect on people across the globe, with a greater percentage being in sub-Saharan Africa. Globally, about 3.1 million people died of HIV/AIDS in 2001 and about 5 million new infections occurred in 2002 (UNAIDS 2002). Also, in 2005, over 3 million people worldwide died from AIDS-related illnesses (UNAIDS, 2005a). This has important implications for human resource and sustainable development. The concern before now was how production will keep pace with population growth, however with the onset of HIV/AIDS; a downwards spiral of family's welfare begins when a member falls ill. There is increased spending on health care and decreased productivity. Hence, efforts on the preservation of the human resources, to create beneficial socio-economic or sustainable development makes the subject of STDs, including HIV/AIDS a serious national issue.

### CONCLUSION

The study revealed a high level of awareness of HIV/AIDS and other STDs; however, attitude of respondents towards the preventive methods of HIV indicates a lack of understanding of how to handle this epidemic. A high percentage of respondents have the idea of how they could be protected from contracting STDs with the use of condom. It is concluded that there is a need to develop adequate strategies that will not only address the issue of knowledge of HIV/AIDS, but also the social impacts of the disease, as well as the health problems of the epidemic. To overcome the problem of HIV/AIDS pandemic among young adults in Nigeria and enhance human resource and sustainable development, there is need for concerted efforts by all stakeholders to stop the spread of the infection.

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