HIV: Current Research

Extended Abstract

Prevalence of sexually transmitted infections among the youths of Enugu metropolis, Enugu state, Nigeria

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Abstract

To determine the awareness and knowledge of sexually transmitted infections among adolescents in Ado, South Western Nigeria. Methods. The study was a descriptive cross-sectional design. Five hundred and fifty adolescents selected from public and private secondary schools in Ado Local Government Area of Ekiti State were recruited using a multistage sampling technique. Results. Four hundred and ninety-nine (92.4%) respondents had heard about sexually transmitted infections before, the three most important sources of information being electronic media (68.7%); teachers (68.1%); and print media (44.9%). Eighty percent of the respondents knew only one STI and the two most commonly mentioned ones were HIV/AIDS (78.0%) and gonorrhea (23.0%). More than 75% of the respondents knew the modes of transmission of STIs while some of them equally had misconceptions. The most important symptoms mentioned were weight loss (77.4%), painful micturition (68.9%), and genital ulcer (54.1%). On the whole, only 6.9% of the respondents had good knowledge of STIs; the rest had fair and poor knowledge. Conclusion. Secondary school adolescents in Ado Local Government Area have only a fair knowledge of sexually transmitted diseases. STI studies should be inculcated into the school curriculum and media publicity/enlightenment campaigns about them should be intensified.

The HVS and the ECS swabs were analyzed using direct wet smear, Gram-stained smear and culture techniques while blood samples were examined serologically using standard proprietary reagents. Out of the 200 samples examined, 195(97.5%) were infected with various aetiologic agents and 5 (2.5%) had growth of Staphylococcus aureus. In these patients, Candida albicans had the highest percentage of infections 163(81.5%). This was followed by Gardnerella vaginalis (Bacterial vaginosis) 23(11.5%), Trichomonas vaginalis, 4(2.0%), Treponema pallidum (Syphilis) 3(1.5%) and Neisseria gonorrhoeae 2(1.0%). Others were Staphylococcus aureus [5(2.5%)]. However, Chlamydia trachomatis, HBsAg, HCV, and HIV were not detected. The prevalence of sexually transmitted infections (STIs) among attendees of the University of Nigeria Teaching Hospital (UNTH) was studied. Blood, high vaginal swabs (HVS) and Endocervical swab (ECS) samples were aseptically collected from two hundred (200) subjects attending the teaching hospital, and investigated for various etiologic agents of sexually transmitted diseases (STDs) including Neisseria gonorrhoeae, Candida albicans, Trichomonas vaginalis, Gardnerella vaginalis (Bacterial vaginosis), Treponema pallidum (Syphilis), Hepatitis B surface Antigen (HBsAg), Human immunodeficiency virus and Chlamydiae species, using standard microbiological methods. The prevalence rates of infections were inversely associated with an increase in age, sex, and marital status. Increased routine screening for STIs is essential in preventing disease transmission and adverse outcomes among these groups. In this seminar, I will discuss the prevalence of sexually transmitted diseases, the causative organisms, mode of transmission and its preventive measures. There was a generally elevated level of mindfulness for explicitly transmitted contaminations among this gathering of secondary school female understudies, particularly for HIV disease. In any case, top to bottom information with respect to method of transmission of the STIs and their preventive measures were problematic. Deliberate endeavors ought to be made to guarantee that a widely inclusive instruction with respect to different STIs – not simply HIV disease – is joined into the optional school educational program, notwithstanding normal broad communications battles previously being accomplished for HIV contamination.

The discovery of what is now known as the human immunodeficiency virus (HIV), the causative agent for the dreaded acquired immunodeficiency syndrome (AIDS), dates back to June 5th, 1981, when the Center for Disease Control, CDC, reported five cases of Pneumocystis carinii pneumonia in active homosexual males, from three different hospitals in Los Angeles, California.

In 1983, Luc Montagnier and his group at the Pasteur institute, in France, isolated the virus, and in the following year, Dr Robert Gallo, of the United States, published some works affirming also that the acquired immunodeficiency syndrome was caused by the HIV virus [1]. Ever since then, the virus and its infection have been reported from all parts of the globe, reaching an epidemic level in a few years, in several countries, especially in sub-Saharan Africa.

The first case of HIV in Nigeria was reported in 1986, in a sexually active 13-year-old girl and soon afterward, HIV infection was identified among commercial sex workers

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(CSW), in Lagos and Enugu. Because of the widespread patronage of this group of people, cases of HIV infection were occasionally reported from various parts of the country [2], and have been growing steadily.

Nigeria is the tenth largest country in the world, and the most populous country in Africa. It is situated within the eastern strip of West Africa, with an area of 923,768 Km2 and has an estimated population of 120 million (1999), representing over one fifth of the total population of the African continent [2]. It is a democratic Federal Republic consisting of 36 States and the Federal Capital Territory (FCT) (Figure 1). These States have been grouped on the basis of geographic proximity, ethnic homogeneity, and other political considerations, into six geo-political zones, North East, North West, North Central, South West, South East, and South South. It has been estimated that about 70% of its population are poor, with a literacy level of 55%