EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 2
Issue: 7
382-385
Year: 2015

RELATIONSHIP BETWEEN ATTITUDE TOWARDS STIS AND HEALTH-SEEKING BEHAVIOR AMONG YOUNG WOMEN

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Article Received on 18/10/2015 **Article Revised on 08/11/2015** **Article Accepted on 28/11/2015**

ABSTRACT
Sexually Transmitted Infections and HIV/AIDS are prevalent among young *women* especially those of reproductive ages. Their occurrence could severely compromise women's health, fertility, productivity and survival. Despite the vital role young women play in national development, there are little researches on the assessment of their health-seeking behaviours. This study therefore, investigated attitude as a predicting health-seeking behaviour for sexually transmitted infections among young women in Umuahia Urban, Abia State. A descriptive survey research design of an ex-post factor was adopted for the study. Young women who were infected with Sexually Transmitted Infections and were receiving treatments from Government Hospitals in Umuahia Urban, were randomely selected through a randomized equal basis cluster process. Multiple regression and r- correlation coefficient was used to analyse the data at 0.05 significance. Results indicated that attitude contributed to health -seeking behavior.

KEYWORDS: Sexually Transmitted Infections and HIV/AIDS are prevalent among young *women* especially those of reproductive ages.

INTRODUCTION

The health care system in Nigeria is regarded as one of the most fragile in Africa, and it is characterized by many factors such as poor budget allocation bureaucracy and poor service delivery. Aral (2001), states that the fundamental of health is the mechanism of societal survival. However, health seeking behaviour places more pressure on some group of people, most especially the young women because of the stress involved in maternal adjustment.

In the developing world, women from the low- income group are often required to play multiple roles such as productive and community managing activities, while men primarily undertake productive and community political activities (World Bank Group, 2004). In fact, women have multiple roles and double or triple work shifts in the formal and in informal workforce. It is therefore, very obvious that a good health status of women is a pre-requisite for the good health of the whole family and by extension of communities and society (WHO, 1994). It means that women's health is a societal issue and improving the health and well being of women directly or indirectly improves not only the women's lives, but also those of their children and contributes to improved households and community welfare (WHO, 1995).

In Most Rural Nigerian Communities, men see women as acquired vessels that can be manipulated to suit their purposes

(Moreno, 2002). For this reason, most women are subjected to having secondary opinions when it comes to important issues and decision making, including that which, concerns their health. Although, modern education and civilization are creating awareness and women are beginning to know their rights; all these have both physical and psychological effects on the women. It therefore implies that as our young women seek good health, right attitude, adequate knowledge and belief towards securing good health behaviour, their psychological frame and self-efficacy will be enhanced.

Sexually transmitted infections (STI) and HIV/AIDS are prevalent among women especially the younger ones. Sexually transmitted infections (STIs) as the name implies are mainly transmitted through sexual intercourse (Nwoke et al., 2009). Examples of major sexually transmitted infections in man include Syphilis, Gonorrhea, Chlamydia, Trichbmonas and Human Immunodeficiency Virus (HIV). Sexually transmitted infections affect men and women of all ages, but women are biologically more susceptible to this group of infections than men (Nwoke et al., 2009).

OBJECTIVES

(i) Examine the influence *of* attitude and beliefs of young women seeking health behavior.

(ii) Investigate the relative effect of attitude on health seeking behaviour of young women.

Hypothesis

There will be no significant relationship between attitude towards STIs and health-seeking behaviours of young women.

METHODOLOGY

Research Design

This study is a descriptive survey. It adopts the ex-post factor research approach. The study seeks to determine young women's health-seeking behaviour, particularly those who are infected with sexually transmitted infections. This survey will not only explore the existing phenomena of the infections, but also useful in comparing the conditions which pre-determine the criteria for evaluating the effectiveness of the study implementation.

Area of Study

The area of study is Umuahia urban in Abia State of Nigeria. Umuahia urban is made up of Umuahia South LGA and Umuahia North LGA.

Umuahia urban is highly populated with many health care facilities, both government and private owned hospitals. Being the capital city of the state, is highly populated with young men and women that are within the ages of production and the high social activities associated with this age, predisposes the youths to unsafe sexual activities which make them prone to sexually transmitted infections.

Population of the Study

The population of this study covers all young women in Umuahia urban of Abia State who are infected with STI and are receiving treatment in the government owned hospitals. The population is estimated to be all young women within the age range of 18-40 years.

Sample and Sampling Technique

The sample was drawn from Umuahia South and Umuahia North Local Government Areas. The samples were drawn from population of young women who have been diagnosed as having sexually transmitted infections and are receiving treatment in government owned hospitals. Every available Patient within the period of four weeks were used. Their ages range from 18-40. Government hospitals covered were Federal Medical Centre (FMC), Umuahia, Amachara General Hospital Umuahia, Michael Okpara University Clinic, Umudike.

INSTRUMENTATION

Development of the instrument

The study utilized a test battery on health seeking behaviour of women.

Ten copies of the validated instrument were admitted during the first contact with the patients, another ten were administered to the health workers. Contact with the patient s was made twice a week for a period of four weeks and on each contact questionnaire were administered.

Validation of the instrument

The instrument had been subjected to the scrutiny of experts in guidance and counseling and the researcher s supervisor for content validation.

A trial test was done after the initial draft was scrutinized. This expert was to ensure that ambiguous items were modified or deleted.

Reliability of the instrument

The reliability co-efficient of the instrument was determined after using the Likert form point scale. The individual aggregate score was then obtained based on the opinion that was ticked by respondents using the scale value for either positive or negative statement for the instrument was found to have a reliability significant level of 0.05 hich was considered adequate for the study.

Section "A" focused on personal and bio-data of the testees. Section ᶠ""'was used to source information on the respondents' knowledge of sexually transmitted infections (STIs), while section "C" focused on items about the respondents' attitude to STIs. Section "D" addressed items on their belief on STIs, section "E" focused on Health-seeking Behaviour Scale and section "F" provided information on perceived self-efficacy scale. These were the variables tested in this study. The questionnaire was constructed to form the four- point Likert- type scale, which were represented j follows; "4-point scale strongly agreed", "3-point scale agreed", "2-roint scale= disagreed" and "1 -point scale= strongly disagreed", as well as 'not at all true=l", "hardly true=2", "moderately true= 3" and "exactly true= 4" which were used for the items in section F.

Method of Data Collection

The researchers personally administered the questionnaires with some search assistants. A covering letter from the Head, Department of psychological Foundations, Abia State University, Uturu, was taken to the locations of administration in various hospitals used for this research. The research assistants were given orientation training exercise on the process of collecting data as well as the appropriate manner of dispositions tow*ard* the respondents. On administration, the researcher sought for written permission from the authorities of the hospitals. Before administering the questionnaire, the researcher made a formal introduction, as well as presented the purpose of the study to the respondents. This is necessary in oder to gain their confidence and sincerity when answering the items on the questionnaires.

The assistants then distributed the questionnaire to respondents and guided them in filling the items as well as collected them on completion of the filling exercise. They then sorted and collected the data for scoring process. The conduct of this exercise lasted for four weeks in all the selected hospitals. On sorting and collection of the data, the

scoring of the data was done using the Likert Four-Point scale, where the scales assigned to each statement is summed together to get the total score for each respondent. The individual aggregate score was then obtained based on the opinion that was ticked by respondents, using the scale value for either positive or negative statements. The scores obtained represented the mean score for each respondent and it was used in analyzing the hypotheses.

Method of Data Analyses

The inferential statistical approach was used to analyze each of the research questions and hypotheses under investigation. Multiple regression and correlation coefficient (Pearson Product Moment correlation Coefficient) were used to analyse the data, 0.05 level of significance was used to reach a decision n for the analysis in comparison with the tabulated values for each type of analysis that was used.

RESULT

Hypothesis

There will be no significant relationship between attitude towards ST is and health seeking behaviour of young women.

Table Relationship between attitude towards STIs and health-seeking behaviour among young women.

Variables	N	X	S.D	DF	R	P	Remarks
Knowledge of STIs	7.174	113	3.01	22	0.06	<0.05	Significant
Health-seeking behaviour	7.174	112	4.21				

Significant at 0.05 alpha-level.
Source-computed from field data 2011.

Table 4.5 shows that, the correlation coefficient V between attitude towards STIs and health-seeking behaviour of young women is 0.06 and $p<0.05$. Since $p<0.05$, it implies that, there is significant relationship between attitude towards STIs and health seeking behaviour of young women. Based on this, the null hypothesis (HO) is rejected.

DISCUSSION

HYPOTHESIS

There will be no significant relationship between attitude towards STIs and health seeking behaviour of young women.
Table 4.5 reveals that r score of young women is 0.06 which indicates a positive relationship between attitude towards STIs and health seeking behaviour. The null hypothesis is rejected.

This finding is in line with the earlier study of Dilorio et al. (1999). They observed that individuals who talk to their parents while growing up on sexual topics are more likely to have conservative sexual values and less likely to have initiated sex, compared to those who mostly talked to their friends, experimented with sex. Parents according to Whitaker and Miller (2000), also appear to serve as buffers for the emerging adults, moderating the effect of peer pressure and environmental influences on sexual activity. This may have lasting effect on the female growing adults as they enter reproductive age. It has also been observed, that open and receptive sexual communication between adolescents and their parents is associated with less adolescent sexual activity. Among girls who are already sexually active, parent-adolescent sexual communication as well as for this group of women in the entire country noted be associated with greater condom use and self efficacy. This indicates that attitude towards STIs is a significant factor that could determine health seeking behaviour among young women.

CONCLUSION

Health seeking behavior is not just a one off isolated event. It is part and parcel of a person's family's or Community's identity, which is the result of an evolving mix of social, personal, cultural and experiential factors. The process of responding to 'illness' or seeking care involves multiple steps and care rarely be translated into a simple one off choice or act, or be explained by a single model of health seeking behavior. Thus, what seems to be missing in most of the literature around health-seeking behavior is a sense of how that process of 'seeking' extends over time, space and the health system' in complex ways and cannot be picked out as something intrinsic to the individual and their social, economic or cultural circumstances alone.

To a large extent, such spheres fall outside the traditional mandate of health-seeking behaviour models and this is where the relevance of a wider framework, such as the one offered here, becomes strikingly clear. So without wanting to dismiss the work, which has been conducted to date on health seeking behaviour, we need to build on this and move the research agenda into t new and more holistic dimension. One thing that is clear from the literature is that although there are many overlaps and similarities across countries and populations, there are also marked differences between individual countries, places, localities and systems. The interesting dynamic of these areas is getting health systems to use and work with the information and build it effectively into their management structures.

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