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HEALTH EDUCATION TEAM APPROACH, THE PANACIA OF BEHAVIOURAL CHANGE AGAINST HIV/AIDS AND STD'S PANDEMIC FOR SUSTANABLE DEVELOPMENT

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ABSTRACT

Sexual Transmitted Disease (STD) are among the major causes of illness in the world especially in the developing countries. Among these STDs are gonorrhoea, Non gonococcal urethritis, Genital Herpes, Syphilis, Chancroid, Moniliasis trichomoniasis and the most deadly is HIV/AIDS. These diseases can lead to organ damage, blindness, deafness, insanity, paralysis and even death. However these diseases are not just a medical problem, they also constitute to social problems with adverse economic consequences. Lack of adequate knowledge is a major factor in the spread of STDs and HIV/AIDS, the knowledge of fact about these diseases is important to their prevention and control. This paper is therefore designed to provide information about healthy safe sexual behaviour to acquaint people with the knowledge of what they can do to reduce the risk of contributing to the spread of and the damage caused by these diseases. It also suggest team approach methods of education that can be taken by all segment of society to create awareness to reduce or prevent the diseases spreading scourge thereby reduce the morbidity and mortality rate for sustainable development of a country, and in the diaspora.

INTRODUCTION

The World health Organization WHO (1998) estimates that the number of people with STD's is increasing by about 450 Million a year, STD ranks among the top diseases for which health care services are sought in the world especially in developing nations. Thus STD exerts service demands in the human economic recourses of the communities which have negative consequences on the social development (Achal, 1993). The impact of the HIV/AIDS epidemic is particularly grave. WHO (2001) indicates that as at October 1991, more than 400,000 AIDS cases have been reported globally. However due to the problem of under reporting, WHO 2001 also estimates that more than 1 Million AIDS cases in adults and probably half a Million pediatric AIDS cases had already occurred then. The scourge of HIV/AIDS continued to increase geometrically. In year 2000 alone, AIDS claimed the lives of 3 Million people which translate to over 8000 people daily. In year 2001, 5 million people become newly infected with HIV while estimated number of people living with HIV/AIDS at the end of 2001 was 40 Million. The total AIDS related death at the end of year 2001 was 21.8 Million while total number of AIDS orphan rose to 132 Million in year 2002 (UNAIDS, 2002). National Action committee on AIDS (NACA) (1999) stated that HIV prevalence rates within Nigeria continue to increase at alarming rate; Nigeria ranks second within Sub Saharan Africa in the number of HIV infected adults. The total HIV cases recorded in 1998 was 57.036 making Nigeria 27th among the worst affected countries worldwide. By the year 1999, HIV had started spreading at a higher rate within the country and there were over 25000 recorded cases of death from the disease (WOCON 2001). Jack (2002) stresses that the rate of prevalence of HIV/AIDS continue to increase in Nigeria because of the following reasons; past denial, of the existence of the disease. Lukewarm attitude and lack of political will to fight it, low level of social economic status/poverty, ignorance/lack of information, Drug abuse (intravenous injection) poor health attitudes, Alien cultures, prostitute and care free attitude. Folayan and Folabi (2003) stated that in terms of location, a number of the infected individual dwell in the rural areas "quoted" 2001 sentinel survey report. Sylvester (2004) opined that lack of sex education accounts for why HIV and STD infection is still on the increase despite efforts to prevent it, for example the activities of NGO'S and Government organization about campaign against HIV/AIDS do not get to the grassroot especially the rural areas, as most of the rural communities dwellers do not have radio..television sets or even read newspapers or magazines, reports from seminars and conference are published in journals that never get to the grassroots: he concluded that an effective alternative prevention of HIV/AIDS is through quality education for all, and the education can be initiated in primary schools and sustained in secondary schools and tertiary institutions.

Health Education Team Approach, the Panacea of Behavioural Change Against HIV/AIDS and STD's Pandemic for Sustainable Development

PATHOPHYSIOLOGY OF HIV/AIDS

Acquired immune deficiency syndrome (AIDS) is a deadly sexually transmitted disease caused by a germ virus called human immune deficiency virus (HIV) (Jenkins 2000). HIV infection is a chronic disease that progressively damages the body's immune system, making an otherwise healthy person less able to resist a variety of infections and disorders. Under normal conditions, when a virus or other pathogen enters the body, it is targeted and destroyed by the immune system, but the human immune deficiency virus HIV attacks the immune system itself. HIV takes over immune system cells, forcing them to produce new copies of HIV; it also makes them incapable of performing their immune functions. (Achal 1993) The destruction of the immune system is signaled by the loss of CD4 T cells (a type of white blood cell that helps to coordinate the activity of the immune system). As the number of CD4 cells declines an infected person may begin to experience mild to moderately severe symptoms. When the number of CD4 cells in blood drops below a certain level (2001ul). A person is diagnosed with full blown AIDS and vulnerable to a number of serious, often fatal secondary or opportunistic infections (Thomas, Paul and Walton 1999).

TRANSMITTING MODE OF HIV VIRUS

Thomas Paul and Walton (1999) explained that the three major routes of HIV transmission are from specific kinds of sexual contact such as unprotected and vaginal, oral genital intercourse, direct exposure to infected blood such as sharing a needle used to inject drugs (include heroine, cocaine and anabolic steroids), blades used in acupuncture, tattooing, ritual scarring and piercing of the earlobes, nose, lip, nipple, navel or other body parts, HIV has been transmitted in blood and blood products used in the medical treatment of hemophilia injures and serious illness. The final major route of HIV transmitted is mother to child, also called vertical transmission which can occur during pregnancy, childbirth or breastfeeding.

SYMPTOMS AND DIAGNOSIS OF HIV/AIDS

Signs and symptoms of infection include persistence swollen glands lumps, rashes, sores, or other growths on or under the skin on the mucous membranes of the eyes, mouth, anus or nasal passages; persistent yeast infection, unexplained weight loss; fever and drenching night sweats; dry cough and shortness of breath, persistent diarrhea, profound fatigue, memory loss, loss of sense of balance; tremors or seizures; difficulty in swallowing and persistent or recurrent pain. Obviously many of these symptoms can also occur with a variety of other illnesses. Because of the immune system is weakened, people with HIV infection are highly susceptible to infections both common and uncommon, such as pneumocystis carinni characterized by fever chills, headache, dyspepsia, weight loss, anxiety e.t.c, kaposi sarcoma characterized by fatigue, malaise lymphadenopathy, skin lesion, tumors or internal organ, and tuberculosis. Early diagnosis of HIV infected is important to minimize the impact of the disease medically, psychologically and socially. The most commonly used screening blood test for HIV is the HIV antibody test. The test consists of an initial screening called an ELISA test and more specific confirmation test called Western blot. These tests determine whether a person has antibodies to HIV circulating in the blood stream, a sign that the virus is present in the body. However a negative test means no antibodies were found in your sample but the test should be repeated after about six months as it takes almost six months after exposure to HIV before antibodies appear, hence first test of negative may be false. If a person is diagnosed as HIV positive, the next step is to determine the current severity of the disease in order to plan appropriate treatment. The status of the immune system can be gauged by taking CD4 T cell measurement every few months, the infection itself can be monitored by tracking the amount of virus in the body (the viral load) through a test that measures the amount of HIV RNA in a blood sample (Thomas, Fahey and Paul 1999).

OTHER SEXUALLY TRANSMITTED DISEASES

The world book Encyclopedia of science vol.7 (2001) describes STD or VD (venereal disease) as a group of disorders with little in common except the way in which they are spread and the part of the body affected. Houghton Mifflin (1991) stress that the number of STD's has been increasing as a result of increased sexual activity among young people. Among these sexually Transmitted diseases are:

GONORRHEA: caused by a bacteria (germ) called *Neisseria gonorrhoea* spread by sexual contact with an infected person. Symptoms appear between 3-30 days after infection men but less observable in women vary from 3 days to indefinite time. The symptoms may disappear within a few weeks even though the disease

may still be present. Symptoms of gonorrhoea in men include: Burning sensation or pain during urination, milk or yellowish discharge from the penises, increased frequency of urination and pain or swelling in the scrotum. While in women, there is presence of swelling, vaginal discharge including abdominal pains, slight discomfort and frequent urination. Almost half infected females have no symptoms (Acholu 1993) quoted (Arya et al 1988).

NONGONOCOCCAL URETHRITIS (NGU): is the inflammation of the urethra caused primarily by a bacterial believed to be chlamidia trachomatis. NGU is spread through sexual intercourse. Signs and symptoms of NGU in male are burning and itching around the opening of the penis and white discharge. In female NGU causes penis, burning or itching in or around the vagina, if untreated, NGU can cause, infertility, sterility, epididymitis, spontaneous abortion, still birth, urethral stricture or damage to the baby's eye tissue.

GENITAL HERPES: is caused by herpes virus type II that often affects the genital area; and it is spread through sexual intercourse, oral or anal sex. The symptoms which include the appearance of small blisters, lesions that appear from 3 days to several years. Other symptoms include itching, fever, muscle aches and swollen glands. Its complications are risk of cervical cancer and urethral stricture. There is no cure for herpes; however creams and ointment can relieve some of the pains due to herpes.

SYPHILIS: is caused by bacteria called Treponema Pallidum transmitted by sexual intercourse, oral or anal contact with an infected person. It can also be transmitted from an infected mother to the unborn child in the case of congenital syphilis. Syphilis has four distinct stages: Primary, secondary, Latent and Late. In the primary stage, a chancre (open sore) appears on the skin. The chancre is firm and rounded with a ragged edge and it is painless, if not treated, it will disappear within 2 to six weeks, however the disease is still present and the victim will develop secondary stage which is characterized with body rashes, white patches on the mouth, throat, low grade fever, headache, swollen lymph glands, large moist sore around the mouth and genital area, red eyes, pain in the joints and even patches of hair falling out, at this stage the disease can spread through touching the open sores or rashes. The third stage latent syphilis may last from one to forty years. The bacteria keep on attacking different organs in the body including the heart and brain but there are no obvious symptoms. In the final stage or late syphilis, a victim may experience heart damage, blindness, paralysis and mental disorders.

CHANCROID: is caused by a bacterium Hemophilus ducreyi spread by sexual contact through a skin abrasion locally characterized by soft sore or ulceration at the site of infection, it generally affects the penis, anus, vulva, urethra, clitoris and cervix. Its symptoms include small red spots which may grow into pimple like structures that break down into ulcers or open sores full of pus.

LYMPHOGRANULOMA VENERUM (LGV): is caused by chlamidia trachomatis. It is a chronic disease that has many manifestations similar to the syphilis, transmitted by sexual intercourse but may also be spread by close contact, its symptoms is a small pimple like sore on the genitals and can spread across the skin and becomes painful as ulceration spreads (perine and Osoba 1984).

MONILIASIS OR CANDIDIASIS (YEAST INFECTION): is caused by a fungus called Candida albicans usually present in the vaginal tract of most women but under certain conditions they multiply e.g diabetes, use of birth control pills and pregnancy can promote the growth of the organism. It may be transmitted through sexual intercourse and the symptoms are: development of lesions on the penis, thick and white vaginal discharge.

TRICHOMONIASIS: is caused by a protozoan (germ) called trichomonas vaginalis which is sexually transmitted diseases present in the urethra of male and female. It can also be transmitted through contaminated instruments: gloves, toilet seat and moist towel. Most men are asymptomatic but in women it is characterized by foul smelling greenish-gray vaginal discharge (Arya et al, 1988).

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GENERAL PREVENTION OF HIV/AIDS AND STS

Thomas, Paul and Walton (1999) explained that if you choose to be sexually active, talk with potential partners about HIV safer sex and the use of condoms before you begin a sexual relationship. They also suggested the following preventive behaviour: Limit the number of partners, avoid sexual contact with people who have HIV or an STD or who have engaged in risky behaviours in the past, including unprotected sex and injecting drug use. Use latex condoms during every act of intercourse and sex. Even if your partner claims to have been tested for HIV and STDS, there is no easy way to diagnose in their properly to obtain maximum protection; smooth out air bubbles and unroll condom gently to avoid tearing them. Avoid sexual contact that can cause cuts or tears in the skin or tissue, get periodic screening tests, don't drink or use drugs in sexual situations as mood altering drug can affect your judgment and make you more likely to engage in risky behaviours. They concluded that if you are at risk for HIV infection, don't donate blood, sperm or body organs. Don't have unprotected sex or share needles or syringes. Get tested for HIV soon and get treated, because HIV infected people who get early treatment generally feel better and live longer than those who delay. Achalu (1993) corroborated the above points with the expression of the following preventive measure against HIV/AIDS and STDS: Learn about STD and how to recognize the signs and symptoms; have sexual intercourse with a faithful and uninfected partner or otherwise use condom. Avoid sex with people with multiple sexual partners such as prostitutes, avoid sharing skin piercing instruments that might be contaminated with infected blood, wash your genitals before and after sex, urinate after sexual intercourse, inspect the genitals of your sex partners if possible and women should protect themselves by having their partners wear condoms.

HEALTH EDUCATION TEAM APPROACH FOR PREVENTION OF HIV/AIDS AND STDS

Udoh, Fawole, Ajalu, Okafor and Nwana (1987) defined Health Education as an educational force or progress by which agents of education-teachers, parents, nurses or community health workers exert their influence on individuals in such a way as to affect their health behaviour. It was also thought as process with intellectual, psychological and social dimension relating to activities which increase the abilities of people to make informed decisions affecting their personal, family and community well being. Moronkola (2002) quoted Lucal and Gilles (1990) opined that the aim of health education is to encourage people to value health as a worth while asset and making people know how they themselves can take actions to promote their health as individuals and that of their communities. Sylvester (2004) opined that if one understands the basic facts concerning health and diseases, one may be able to utilize the knowledge to develop positive health attitudes and desirable health practices within one's community, this may go a long way in minimizing the chances of contacting various types of disease including AIDS. Akinawo and Owonikin (2007) postulated that lack of adequate Sexual health education and services place people at risk of contacting HIV/AIDS and STDS. They stated further that the awareness of sex in the provision of sexual education for all members of the society especially those sexually active: the adolescents should be a major concern of everybody. Nyang (2007) also mentioned that lack of information is one of the reasons for young people engaging in sex risk behaviour. Since there is currently no cure for HIV/AIDS, only one method of enlightenment campaign can not prevent the pandemic nature of the diseases hence there is need for team approach which is hydra headed methods of educating the general public and is supposed to be the concerns efforts of every segment of the society both Governmental, Non governmental society/agencies, individuals, home, school, religious settings, mass media, culture / traditional organization.

THE HOME: The parent should be able to spare time for teaching and educating their children on sex education thereby inculcating positive health habits to them especially on the dangers of contacting STDS and HIV / AIDS so that they can become good members of the society and serve as agent of education to teach others.

THE RELIGIOUS ORGANIZATION: various leaders in each religion such as Pastors and Alfas / Imam should in the cause of their preaching and given sermons integrate reproductive health education to members of the congregation especially on the consequences of contacting HIV/AIDS and other STDS, in this regards, the leaders themselves should seek knowledge on the subject matter as it is what one knows that one can teach.

INDIVIDUAL LIFE STYLE: Udoh, Fawole, Ajola, Okafor and Nwana (1987) stated that lifestyle is the most important determinant of optimal well being of individual which include decisions by individual about habit and behaviours which affect their health over which they more or less have control. An individual who choose to be adulterous, having many sexual partners or indulge in drug abuse by intravenous injection with peers stands the risk of contacting HIV/AIDS and STDS hence the victims life style can be said to have contributed to or caused, his or her own illness or death.

THE SCHOOL: is a heterogeneous place, which is a better position to educate children, youth and adults who are at risk of contacting HIV/AIDS and STDS about the disease because of their sexually active nature (Ahmad, M.G 2004) The school according to Moronkola (1993) must therefore because of its uruque position be at the forefront of the struggle to include HIV/AIDS education in the school curriculum at all levels of education and the subjects must be taught by a professional health educator.

CULTURE AND TRADITIONAL SYSTEM: - The culture and traditional attitude that predispose, people to contact HIV/AIDS such as female genital mutilation, engraving traditional mark on the face and tatocing should be discourage, people at the grassroots in which most of them do not have access to radio / television programme or print medial should be educated by organizing health education programme by the traditional rulers who themselves are knowledgeable, teachers and village health workers to educate the local people on the ways to avoid being infected by the HIV AIDS and STDS.

MASS MEDIA: Includes the radio, television and print media. They form an effective part of health education agent as they have the greatest means of reaching the highest number of people at the same time and they provide continuity in terms of reminders and reinforcement of messages thereby increasing effectiveness, these effectiveness can also be channel into the discussion about HIV/AIDS and STD ways of contacting them, their symptoms and preventive method. These will increase the awareness of the people about the diseases thereby reduce drastically the morbidity and mortality rate arising from the disease. Nwajie (1993) opined that the mass media is a significant factor in the increasing incidence of life style disease, he stated further that the print and electronic media should educate people in their columns, features, articles and health posters e.t.c.

GOVERNMENT AND NON-GOVERNMENTAL ORGANIZATION: - Ahmad (2004) expressed that the government has become very worried about the increase in the prevalence of HIV / AIDS in the country from 4.5% to 5.8 % in recent times. This increase shows that some of the interventions currently in place are not having the desired effect. In this regard, the best at risk behavior group that the government should target is the youth sector, this can be achieved through inauguration of vigorous youth education programme which should cut across all segement of education starting from primary through secondary and tertiary institution. The government both at Federal and State level should organize health education programme through the Ministry of Health to educate the public on the menace of HIV/AIDS and STD's at a regular interval in various town / community halls as well as market places, the mode of communication in the programme should be in English language and the dialet of the community to enable the illiterates which form the larger percentage of the society to understand the subject matter.

The campaigns being organized by the Non governmental organization (NGOs) such as National Action Committee on AIDs (NACA); State Action Committee on AIDs (SACA) National Association of Women Journalist (NAWOJ); Association for Reproductive and Family Health (ARFH) and so on have not been able to produce desired results as a result of its modus oprandi presented in form of seminars and conferences, published in journals and sparingly transmitted on mass media. These non governmental organization should intensify effort by organize health education programme on prevention and control of HIV/AIDS at a regular interval using town / community halls, market places, schools and College as venue where majority of the people can benefit by acquiring knowledge on the dangers of HIV/AIDS, mode of contacts, signs and symptoms and preventive methods to reduce the spread of the disease which will result in declining morbidity and mortality rate arising from HIV/AIDS.

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CONCLUSION

Though there is cure for few sexually transmitted disease, but majority of these diseases including HIV/AIDS has no cure and the cost of managing HIV infection is too high. the best effective alternative is prevention through team approach health education cutting across every segment of the society as enumerated above. to create awareness about the dangers of HIV/AIDS and ways of preventing it to the generality of the people. this will go a long way in drastically reducing or eliminating the scourge of the disease with its consequential reduction in morbidity and mortality rate arising from the HIV/AIDS and STDs. this will enhance and sustained health, economy, social and political development of the country and the entire world in diaspora.

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